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Office of the Chief of Naval Operations
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OPNAV INSTRUCTION 5350.4B

From: Chief of Naval Operations
To: All Ships and Stations (Less Marine Corps field addressees not having Navy personnel attached)

Subj: ALCOHOL AND DRUG ABUSE
PREVENTION AND CONTROL

- R) Ref: (a) SECNAVINST 5300.28B
R) (b) OPNAVINST 11200.5C
(c) CPI 792 (NOTAL)
(d) CPI 752 (NOTAL)
(e) CPI 432 (NOTAL)
R) (f) SECNAVINST 3820.2D (NOTAL)
R) (g) Enlisted Transfer Manual
(NAVPERS 15909D)
R) (h) OPNAVINST 5040.7K
(i) SECNAVINST 5520.3
A) (j) Manual for Courts-Martial, 1984
- R) Encl: (1) Definitions
R) (2) Program Organization Structure
R) (3) Detection and Deterrence
R) (4) Urinalysis Policy and Related Procedures
R) (5) Voluntary Self-referral for Drug Abuse Rehabilitation
R) (6) Prevention and Rehabilitation Programs
R) (7) General Administrative and Disposition Procedures
R) (8) Threat Assessment and Program Evaluation and Analysis
R) (9) Preservice Use of Drugs and Alcohol
R) (10) Confidentiality
R) (11) Education and Training Policy and Requirements
R) (12) Reports
A) (13) Table of Contents/List of Effective Pages/Bibliography

1. Purpose. To provide comprehensive alcohol and other drug policy guidance for a unified Navy Alcohol and other Drug Abuse Program (NADAP). Enclosures (1) through (12) present

procedural guidance, assign responsibilities, and provide guidelines for coordinating the policies set forth in reference (a) and other directives referenced. Enclosure (13) provides a table of contents, list of effective pages and a bibliography. Policy and procedures for civilian employees are issued in references (a) through (f). This instruction is a complete revision and should be read in its entirety. Marginal notation has been provided as an aid in review.

2. Cancellation. OPNAVINST 5350.4A. (R)

3. Background. Alcohol and other drug abuse is costly in terms of time lost and is a severe detriment to morale and esprit de corps. It undermines the very fiber of combat readiness, health, safety, discipline, reliability, judgment and loyalty. The abuser, as well as the abuser's shipmates and family, suffers. Alcohol and other drug abuse is incompatible with the maintenance of high standards of performance, military discipline and readiness and is destructive of Navy efforts to instill pride, promote professionalism, and enhance personal excellence.

4. Applicability. The provisions of this instruction apply to all active duty and Naval Reserve personnel.

5. Concept. The major element underlying the Navy's approach to its alcohol and other drug abuse problem is enhanced detection and deterrence at all levels. That approach emphasizes the firm, constructive use of discipline, preventive education, the rehabilitation of members who are responsive and who reject further abuse, and expeditious processing for separation of those abusing members clearly possessing little or no potential for future useful service. Treatment-oriented intervention is structured into a comprehensive, three-level program to maximize the effective use of resources. Regional oversight of the NADAP is accomplished through establishment of regional and local councils, which perform a major role in program assessment and evaluation.

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6. Policy

a. **Overview.** There is "Zero Tolerance" of alcohol and other drug abuse. The abuse of alcohol and other drugs by Navy members can seriously damage physical and mental health, may jeopardize their safety and the safety of others, and can lead to criminal prosecution and discharge under less than honorable conditions. Furthermore, alcohol and other drug abuse is inconsistent with Navy initiatives to promote personal excellence among its members.

(1) The judgment of commanders, commanding officers and officers in charge is paramount in enforcing Navy alcohol and other drug abuse policy and ensuring proper disposition of individual cases. They must analyze all available evidence to determine whether alcohol or drug abuse exists, and must respond to unacceptable behavior or performance with appropriate corrective actions. Uniform enforcement of existing rules and regulations and the policies specified in this instruction by officers, petty officers, and civilian supervisors is vital to the program's success.

(2) Commanding officers must be particularly alert to those few individuals who might attempt to manipulate the system by falsely admitting to or intentionally committing acts of alcohol/drug abuse in order to avoid specific duties or deployments. Those individuals shall be evaluated, counseled, disciplined (as appropriate), and/or separated (as appropriate). When retained, they shall be kept onboard in duties for which they are qualified or ordered to other units, in the same force if feasible, with assigned duties and deployments commensurate with those they were attempting to avoid.

R) (3) Officers, chief petty officers, and all petty officers by virtue of their rank and position, must lead by example. Any drug abuse or irresponsible use of alcohol by those personnel is viewed as a grievous failure to meet Navy standards.

(4) The NADAP's objective is to prevent alcohol and other drug abuse and to return eligible former alcohol and drug abusers to full duty status as soon as possible. When members respond to alcohol and drug abuse counseling, rehabilitation, and/or discipline, and are fully qualified for duty, members may be returned to their primary rating specialty providing they meet the requirements of respective directives and are not prohibited by this or other directives. (R)

(5) Personnel assigned to the Personnel Reliability Program (PRP), Submarine and other special programs occupy positions of critical importance to their units and to the national security. Recognizing the investment the Navy has in such individuals, it is imperative that as many as is prudently possible are returned to their special program unless prohibited by their respective directives. Program managers will issue specific guidance concerning disposition of members assigned to PRP, Submarine and other special programs when they are identified as alcohol or other drug abusers or are alcohol or drug dependent. Personnel are eligible for return to their special program when they have shown exceptional potential for productive, reliable future service and meet the established specific criteria of that program and/or specialty. Program managers will also issue specific instructions concerning criteria and procedures for reentry of such personnel into their respective programs. Reassign eligible members to special program billets per program manager and Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) assignment policies and the needs of the Navy. (R)

(6) Permanently disqualify Nuclear Power Program personnel who are identified as drug abusers. Return eligible members to full duty per appendix D to enclosure (7). Process alcohol dependent Nuclear Power personnel as prescribed for other special programs in appendix D to enclosure (7).

(7) Alcohol and other drug abuse cases must receive prompt evaluation and disposition. See enclosure (7).

(a) Alcoholism is a treatable disease for rehabilitation purposes, although not compensable for disability purposes. Alcohol rehabilitation is reserved for those with bona fide alcohol abuse problems amenable to treatment, who show exceptional potential for further useful service, and who reject further alcohol abuse. Commands will refer eligible members to the lowest level of rehabilitation/education commensurate with the severity of the member's problem. Discipline as appropriate, and normally process for separation repeat offenders and those who do not respond favorably to counseling, education or rehabilitation.

- R) (b) Discipline as appropriate and provide counseling and/or education programs to enlisted members (E-1 thru E-3) identified as non-dependent drug abusers. Process for separation members who have a second drug abuse incident. See appendix A to enclosure (7) (Matrix Delta).

- R) (c) Discipline as appropriate and process for separation officers, chief petty officers, and all petty officers identified as drug abusers or drug dependent.

- R) (d) Retention and in-service rehabilitation or treatment eligibility for enlisted personnel diagnosed as drug dependent is extremely limited. See enclosure (7) for specific criteria.

(8) When an individual is diagnosed as drug or alcohol dependent and is not retained, offer the eligible member referral to the Veterans Administration for further treatment per reference (g).

- A) (9) The Navy's policy on alcohol is "responsible use." Consumption of alcoholic beverages just prior to or during working hours

reduces productivity. It is the personal decision of an individual to use alcoholic beverages lawfully; however, such use must not:

(a) Interfere with the efficient and safe performance of the individual's military duties.

(b) Reduce his or her dependability and reliability.

(c) Reflect discredit upon himself or herself personally or upon the Navy Department.

7. Responsibilities

a. Deputy Chief of Naval Operations (Manpower, Personnel and Training) (DCNO (MPT)) (OP-01), the resource sponsor, is responsible for policy aspects of the Navy Alcohol and Drug Abuse Program (NADAP) including Office of the Chief of Naval Operations (OPNAV) staff interfaces with the Department of Defense (DOD) and other agencies. (R)

b. Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) (NMPC-00) is designated as program sponsor, responsible for implementing the NADAP. COMNAVMILPERSCOM shall: (R)

1) Coordinate with the Chief, Bureau of Medicine and Surgery (CHBUMED), to provide staffing for residential alcohol rehabilitation at naval hospitals. Provide staffing and operational quality control at line-operated alcohol rehabilitation centers. Publish and maintain jointly with BUMED the Navy Drug and Alcohol Treatment Manual (For Residential Facilities) (NAVPERS 15561). (R)

(2) Maintain the Alcohol and Drug Abuse Management Information and Tracking System (ADMITS), which provides for effective client tracking and generates the management information system reports required by higher authority.

(3) Exercise command over Naval Alcohol Rehabilitation Centers (NAVAL-REHCENs). Ensure through annual inspections that quality assurance standards are met as directed by Navy Drug and Alcohol Treatment Manual (For Residential Facilities) and that the NAVALREHCENs have as an objective, compliance with nationally recognized accreditation standards for alcohol and drug abuse facilities.

R) (4) Provide personnel to Command Inspection Teams for second echelon command inspections to help evaluate the claimant's compliance with NADAP policy, assess the status of NADAP implementation within the head-quarters command and the claimancy, and review resource assignment to ensure appropriate use.

R) (5) Maintain overall quality assurance standards within the NADAP. Provide personnel, as required, to second echelon or second echelon designated Program Standardization and Quality Assurance teams. Teams shall be augmented by COMNAVMILPERSCOM (NMPC-63) personnel as required to ensure total program standardization and quality assurance to provide feedback for policy enforcement purposes.

(6) Publish the Counseling and Assistance Center (CAAC)/Naval Alcohol and Drug Safety Action Program (NADSAP) Manual (NAVPERS 15514B) to ensure Navy-wide uniformity and standard CAAC/NADSAP operation.

(7) Exercise resource sponsorship over the Navy Alcohol and Drug Safety Action Program (NADSAP), including management of the Navy-wide NADSAP support contract.

(8) Develop, establish, and maintain all Navy training and education requirements and objectives concerning alcohol and drug abuse with assistance from Chief of Naval Education and Training (CNET).

(9) Establish Navy urinalysis testing requirements and ensure annual quality assurance inspections of the Navy Drug Screening Laboratories (NDSLs) are conducted by civilian experts, as well as legal and medical personnel.

c. The Chief, Bureau of Medicine and Surgery (CHBUMED) is responsible for developing, implementing and monitoring the medical aspects of NADAP. CHBUMED shall:

(1) Provide detoxification and medical evaluation for alcohol and other drug-dependent personnel. Provide rehabilitation at Alcohol Rehabilitation Departments (ARDs) for personnel diagnosed as alcohol-dependent. Arrange aeromedical evacuation of members in a patient status. (R)

(2) Ensure that licensed Health Care Providers (HCPs) working in direct care, managerial, or supervisory roles over alcohol and drug abuse treatment personnel have additional training in chemical dependency. (R)

(3) Sponsor, implement, and maintain a training program for Navy medical department personnel and other professionals to enhance their capacity to recognize, diagnose, counsel, and otherwise treat alcohol and drug abusers.

(4) Encourage medical department personnel to support and participate in local command alcohol and drug abuse programs.

(5) Provide medical guidance in the development of alcohol and other drug training and education curricula for all naval personnel. Cooperate with COMNAVMILPERSCOM in the publication of NAVPERS 15561.

(6) Provide a representative to the Department of Defense Biochemical Testing Advisory Committee.

(7) Provide a representative to OPNAV for civilian testing. (A)

- A) (8) Support other second echelon commanders through assignment of a medical staff member to Program Standardization and Quality Assurance teams, particularly in connection with inspections of NAVALREHCENS, CAACs, and ARDs.
- R) (9) Meet quality assurance standards as directed by NAVPERS 15561. Ensure that ARDs meet and comply with nationally recognized accreditation standards for alcohol treatment facilities.
 - (10) Establish, operate and maintain Navy Drug Screening Laboratories (NDSLs) for urinalysis and other biochemical testing in support of service requirements set by OP-01.
- R) Ensure NDSLs are certified by the appropriate certifying authority and remain certified to continue urinalysis testing.
- R) (11) Issue and maintain a Standard Operating Procedures manual for the NDSLs.
- A) (12) Ensure internal as well as external quality assurance programs are maintained at the NDSLs.
- R) (13) Conduct quarterly quality assurance inspections of the NDSLs and forward the results to DOD (Assistant Secretary of Defense for Health Affairs) following DOD Instruction 1010.1 of 28 December 1984 (NOTAL).

d. Chief of Naval Education and Training (CNET) shall:

- (1) Provide enlisted recruit, "A" school, and apprentice school education programs in alcohol and drug abuse.
- (2) Provide alcohol and drug abuse training to all officer candidates, midshipmen (except U. S. Naval Academy (USNA) midshipmen), and officers in prefleet assignment or entry programs.
- R) (3) Include drug and alcohol abuse curricula in General Military Training (GMT) and the Navy Career Leader Development

Program (NAVLEAD) (formerly Leadership and Management, Education and Training (LMET)).

(4) Administer the drug abuse urinalysis program at Navy accession points.

(5) Train Drug and Alcohol Program Advisors (DAPAs).

e. Chief of Information (CHINFO) shall provide overall public affairs policy guidance and, using materials provided by COMNAVMIL-PERSCOM, disseminate alcohol/drug abuse information to internal and external audiences and respond to media queries concerning alcohol/drug abuse programs.

f. Chief of Chaplains (CHC) shall:

(1) Provide overall advice, instructions, guidance, and assistance regarding the Chaplaincy's involvement in support of the NADAP.

(2) Provide chaplains to designated billets at alcohol and drug abuse program field activities.

(3) Implement training programs for Chaplain Corps personnel to enhance their knowledge of alcohol and drug abuse prevention and control in order to effectively counsel Navy personnel and their family members.

g. The Naval Inspector General (NAVINGEN) is responsible for the Naval Command Inspection Program (reference (h)). In that capacity NAVINGEN shall review second echelon alcohol and drug abuse prevention and control programs to ensure program implementation, policy compliance and appropriate use of assigned resources throughout the claimancy. COMNAVMILPERSCOM (NMPC-6) personnel shall augment NAVINGEN inspection teams to assist in that requirement as appropriate.

h. Judge Advocate General of the Navy (JAG) shall provide:

(1) Overall advice, instruction, guidance, and assistance regarding the legal aspects of the NADAP.

(2) Drug and alcohol abuse policy and procedural guidance to Navy judge advocates.

(3) Reports as required.

R) i. Commander, Naval Investigative Service Command (COMNISCOM) is the echelon two command for law enforcement, criminal investigation, and counter-intelligence matters. COMNISCOM is assigned additional duty as Special Assistant for Naval Investigative Matters and Security (OP-09N). OP-09N develops and oversees Navy-wide policy for law enforcement and physical security programs, information security, personnel security, Nuclear Weapon Personnel Reliability Program (PRP), and is the Department of the Navy Central Adjudication Facility (DON CAF) for granting, denying and revoking security clearances. COMNISCOM shall:

(1) Coordinate the implementation of NISCOM responsibilities with COMNAV-MIL-PERSCOM as they interface with the NADAP.

(2) Develop guidance and provide assistance to commands in implementing and maintaining Driving Under the Influence/Driving While Intoxicated (DUI/DWI) countermeasure programs.

A) (3) Implement the national security and collateral information security programs within DON to include determining which naval personnel are eligible for security clearance for access to classified information or to serve in certain other sensitive positions.

R) (4) Manage the Navy Military Working Dog Program.

j. Commander, Navy Recruiting Command (COMNAVCRUITCOM) and Commander, Naval Reserve Recruiting Command (COMNAVRESCUITCOM) shall:

(1) Provide detailed procedural guidance to identify and screen out alcohol and drug abusers and drug traffickers seeking to enlist in the Navy (enclosure (9)).

(2) Provide detailed recruiting procedures for accepting individuals into the Navy who present indications of pre-entry alcohol and drug abuse but who show exceptional potential for creditable naval service.

k. Commander, Naval Safety Center (COMNAVSAFEEN) shall interface and exchange data, for the purpose of program evaluation and assessment, with COMNAV-MILPERSCOM (NMPC-63), concerning accidental deaths, injuries, and other mishaps in which alcohol and or other drugs are a contributing factor.

l. Second Echelon Commanders shall ensure that:

(1) NADAP administrative procedures and counseling and education programs are implemented and maintained.

(2) Program assessment reports are submitted as required by enclosure (12).

(3) Subordinate commands actively support local NADAP initiatives, including alcohol deglamorization, and implement DUI/DWI and other alcohol and drug abuse countermeasures consistent with the threat environment.

(4) Criminal incidents involving alcohol and drug abuse that require investigative assistance are referred to NISCOM or appropriate law enforcement agencies in compliance with reference (i).

(5) All subordinate activities comply with the provisions of references (a) through (f) regarding civilian employees.

(6) Close coordination is maintained between installation security personnel, the regional and local Navy Drug and Alcohol Advisory Councils (NDAACs), NISCOM, and Federal and local law enforcement agencies in compliance with references (g) and (i).

(7) Adequate inspection and enforcement programs are in effect covering persons, vehicles and property entering and exiting naval installations, vessels, and aircraft.

(8) NADAP resource requirements are met through the Program Objectives Memorandum (POM) process, and that subordinate commands provide sufficient facilities and other resource support for the elements and programs under their cognizance.

(9) Subordinate commands conduct urinalysis testing per established policies and procedures. Navy commands shall test approximately 10-20 percent of each command every month.

(10) Quality control of CAACs, NADSAP units, and other alcohol and drug program elements under their control is maintained.

R) (11) Program Standardization and Quality Assurance teams conduct on site program evaluation inspections/assist visits of CAACs and other program elements, such as NADSAP and NDAAC, not less than every 24 months. The teams shall use the CAAC/NADSAP Manual (NAVPERS 15514B) for guidance and have as an objective compliance with nationally recognized accreditation standards for alcohol and other drug abuse facilities. The inspections shall be scheduled in coordination with the Immediate Superior in Command (ISIC) of activities tasked to operate CAACs and other program elements per paragraph 14(b) of reference (h). Reports of inspections shall be provided to the ISIC per paragraph 6(i) of reference (h) and an information copy to the appropriate second and third echelon commander (as applicable).

(12) The assigned Alcohol and Drug Control Officer (ADCO) manages the quality assurance program of NADAP program elements under the second echelon commander's cognizance. (A)

(13) CAAC directors are graduates of the Navy Drug and Alcohol Counselor School (NDACS) (NOBC 3350) and have successfully completed the Directors Seminar. (R)

m. Regional Coordinators shall: (D)

(1) Evaluate the nature and extent of alcohol and other drug abuse within the region and provide reports as required in enclosure (12).

(2) Monitor regional investigative, law enforcement, DUI/DWI, detection and deterrence, and education programs to ensure maximum effectiveness, uniformity of countermeasures, and regional cooperation among Navy and other military commands and provide appropriate interface with civilian organizations and agencies.

(3) Evaluate existing military and civilian employee programs and provide recommendations for change when appropriate.

(4) Establish a regional NDAAC, chaired (R) by the regional coordinator or designee (0-6 or above), to coordinate and monitor alcohol and other drug abuse programs.

(5) Establish local NDAACs at major shore activities. The chairperson of the local NDAAC shall normally be the installation commanding officer, executive officer, or a department head in paygrade 0-5 or senior. (R)

n. Unit Commanders, Commanding Officer, and Officers in Charge are responsible for understanding and aggressively supporting NADAP policies, and taking corrective measures in cases of personnel involved in alcohol and other drug abuse. Specifically they shall:

- A) (1) Include alcohol and drug program information in command orientation programs for newly reporting personnel. DAPAs shall be responsible for that portion of the orientation.

(2) Document specific individual instances of substandard performance and enter reference to alcohol and other drug abuse in appropriate administrative record entries, in enlisted evaluations, officer fitness reports, and

- A) other reports as required. Incidents involving alcohol and other drug abuse, as well as criminal incidents involving alcohol and other drug abuse that affect clearance eligibility shall also be referred to the Department of the Navy Central Adjudication Facility (DON CAF) for information and action.

(3) Review status of personnel involved in drug use and alcohol abuse incidents and ensure that appropriate disciplinary, remedial educational, rehabilitative, and/or administrative

- A) action is taken. If incidents were previously reported to DONCAF, when above action is completed, a final report of action shall be forwarded to DON CAF.

(4) Conduct an aggressive urinalysis testing program as outlined in enclosure (4).

- R) Navy commands shall test approximately 10-20 percent of each command every month.

(5) Ensure that urinalysis tests, breath analyzer, and/or field sobriety tests are conducted when there is a reasonable suspicion of alcohol or other drug abuse. See enclosure (4).

(6) Consult with medical and alcohol and drug abuse program personnel when substandard performance, aberrant behavior, or misconduct is suspected to be alcohol or drug abuse related.

- R) (7) Ensure personnel are trained per enclosure (11). Selected NADAP personnel shall be trained in family advocacy issues and their interrelationship with alcohol and other drug abuse.

(8) Interview or counsel subordinates concerning poor job performance or misconduct and, where appropriate, exercise judicious use of suspended punishment to motivate and channel an abuser into remedial education or rehabilitation programs.

(9) Conduct screening for overseas assignment, as set forth in the Enlisted Transfer Manual, paragraph 4.011, to ensure that members with unresolved alcohol or other drug-related incidents are not considered for overseas duty.

(10) Order urinalysis tests for members being assigned overseas duty prior to delivering the orders to officers and prior to preparation of Standard Transfer Orders for enlisted personnel. See enclosure (4).

(11) Submit Drug and Alcohol Abuse Reports (DAARS) documenting alcohol incidents and drug-related incidents. See enclosures (1) and (12). (R)

(12) Monitor aftercare of their subordinates who have completed a Level II or Level III treatment program. (R)

(13) Advise DON CAF of alcohol and other drug abuse by personnel holding security clearances or in sensitive billets. (A)

(14) Ensure the Drug and Alcohol Program Advisor(s) is/are assigned and trained. (A)

o. Officers, Command Master Chiefs, and enlisted supervisory personnel are responsible for exercising positive leadership and demonstrating full support for the NADAP. They shall:

(1) Educate, train and motivate subordinates to create group peer pressure that rejects alcohol and other drug abuse and that reinforces, both on and off duty, wholesome individual and social activity.

(2) Observe individuals under their supervision and fully document evidence of substandard performance or misconduct. Such indicators are often evidence of alcohol or other drug abuse problems. When appropriate, refer subordinates to the DAPA.

p. All personnel are responsible and fully accountable for their personal activities relating to alcohol and other drug abuse and for any substandard performance or illegal acts resulting from such activities. Additional responsibilities include:

(1) Reporting known or suspected incidents of drug abuse or trafficking to the immediate supervisor or commanding officer, security agency (e.g., base police or Master at Arms (MAA)), or local office of NISCOM. Members having knowledge of an offense committed by a person in the naval service, including a drug offense, are required by U.S. Navy Regulations to report such an offense. Failure to do so may constitute an offense under Article 92 of reference (j) as an orders violation or dereliction of duty, as the case may be.

(2) Encouraging persons suspected of having an existing or potential alcohol or other drug abuse problem to seek assistance.

(3) Notifying the appropriate commanding officer, via the chain of command, immediately when abuse exists or is suspected. The commanding officer must be fully informed of the circumstances, so that he or she may personally evaluate the impact on unit readiness.

(4) Promoting a command climate of zero tolerance of alcohol and other drug abuse.

8. Reports and Forms

a. **Reports.** The following reports are approved for three years only from the date of change transmittal one:

(1) Drug and Alcohol Abuse Report (DAAR) required by enclosure (12), paragraph 1, is assigned Report Control Symbol OPNAV 5350-2.

(2) Drug and Alcohol Abuse Semi-Annual Report (DAASAR) required by enclosure (12), paragraph 2, is assigned Report Control Symbol OPNAV 5350-9 (formerly DD-HA(SA)1094(5350).

(3) Urine Sample Custody Document and Report of Laboratory Urinalysis required by enclosure (4), appendix B, is assigned Report Control Symbol OPNAV 5350-4.

(4) Annual Urinalysis Field Testing Operation Report (AUFTOR) required by enclosure (4), appendix C, is assigned Report Control Symbol OPNAV 5350-10. (A

b. **Forms.** The following forms are available through normal supply channels per NAVSUP P-2002:

<u>FORM NUMBER</u>	<u>TITLE</u>	<u>STOCK NUMBER</u>
R) OPNAV 5350/1 (4-90)	Drug & Alcohol Abuse Statement of Understanding	0107-LF-006-5200
R) OPNAV 5350/2 (4-90)	Urine Sample Custody Document	0107-LF-009-4100
OPNAV 5350/7 (1-86)	Drug and Alcohol Abuse Report (DAAR)	0107-LF-053-5565

DD 1384 (4-66)

Transportation Control
and Movement Document

0102-LF-013-5700

A) OPNAV 5350/10 (4-90)

Drug and Alcohol Abuse
Semi-Annual Report (DAASAR)

0107-LF-010-2200

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Definitions

The following definitions are for use only within the NADAP. They do not change the definitions found in statutory provisions, regulations, or other directives.

Aftercare. The period of time following formal outpatient (Level II) or inpatient (Level III) treatment during which the member's performance, conduct and compliance with an established plan of recovery from abuse or addiction are closely monitored by command personnel. (A)

Alcohol Abuse. The use of alcohol to an extent that it has an adverse effect on the user's health, behavior, family, community, the Navy, or leads to unacceptable behavior as evidenced by one or more alcohol incident(s). Clinically, alcohol abuse is a residual category for noting maladaptive patterns of alcohol use that do not meet the criteria for dependence (DSM-III-R 305.00). (R)

Alcohol Dependence. Psychological and/or physiological reliance on alcohol resulting from use on a periodic or continuing basis. See also "Physical/Physiological Dependence" and "Alcoholism." "Alcohol Dependence/Alcoholism" is clinically defined as a cluster of cognitive, behavioral, and physiologic symptoms that indicate the person has impaired control of alcohol and continues use of the substance despite adverse consequences (DSM-III-R 303.90). (R)

Alcohol Incident. Conduct or behavior, caused by the ingestion of alcohol, which results in discreditable involvement with civil and/or military authorities. Events requiring medical care or involving a suspicious public or domestic disturbance must be carefully evaluated to determine if alcohol was a contributing factor; if so, it is an alcohol incident. (R)

Alcohol Rehabilitation Center (NAVALREHCEN). A free-standing alcohol and drug abuse residential treatment facility under cognizance of COMNAVMILPERSCOM.

Alcohol Rehabilitation Department (ARD). A residential substance use disorders treatment department within a Naval Hospital under cognizance of BUMED. (R)

Alcoholic. An individual who is suffering from the disease of alcoholism.

Alcoholism. A disease characterized by psychological and/or physical/physiological dependence on alcohol. See also "Alcohol Dependence."

- A) Cocaine. A crystalline alkaloid stimulant drug, obtained from coca leaves.

Completion of Alcohol or Other Drug Abuse Program. An individual is considered to have successfully completed an alcohol or other drug abuse program when the individual has: (a) completed all directed alcohol and other drug abuse regimen requirements; (b) is otherwise fully qualified for duty; and (c) the commanding officer signs the Treatment Completion Statement (First Endorsement). See enclosure (7).

- Controlled Substance. A drug or other substance included in Schedules I-V established by section 202 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (84 Stat 1256) as updated and republished under the provisions of that Act. The list (found in the Code of Federal Regulations, Part 1308) includes marijuana, narcotics, hallucinogens/psychedelics, and specific depressants and stimulants.
- R)

Counseling. The process of providing to personnel impaired by the use of alcohol or drugs, intervention, assistance, consultation, and/or aftercare service through a residential or nonresidential program.

- Counseling and Assistance Center (CAAC). A nonresidential facility providing Level II treatment including counseling services, clinical screening/referral, local outreach programs, and the Navy Alcohol and Drug Safety Action Program (NADSAP) to commands in the immediate geographic area. The CAAC provides a member to the local and (if applicable) regional Navy Drug and Alcohol Advisory Council (NDAAC).
- R)

Depressants. Sedative-hypnotic drugs of diverse chemical structure all capable of inducing varying degrees of behavioral depression. Depending on dose, depressants can have a sedative, tranquilizing, hypnotic (sleep), or anesthetizing effect. Some common depressants are: alcohol, barbiturates (e.g., butalbarbital, secobarbital), tranquilizers, benzodiazepines and methaqualone.

- Detoxification. Medical and psychological management of the alcohol and other drug withdrawal processes. Medical detoxification is generally accomplished on an inpatient basis, and includes withdrawing alcohol and other drugs of abuse from the individual and providing appropriate medical and psychological support.
- R)

- R) Drug. Any substance, other than food, which when inhaled,

injected, consumed, or introduced into the body in any manner, affects the individual's physiology, psychology or alters mood or function. See also "controlled substance."

Drug Abuse. The use or possession of controlled substances, or illegal drugs, or the nonmedical or improper use of other drugs (e.g. prescription, over-the-counter, designer, etc.) which are packaged or prescribed with a recommended safe dosage. For purposes of this instruction, this category includes the use of substances for other than their intended use: e.g., glue and gasoline fume sniffing, or steroid use for other than that which is specifically prescribed by competent authority. (R)

Drug Abuse Paraphernalia. All equipment, products, and materials that are used, intended for use, or designed for use in injecting, ingesting, inhaling, or otherwise introducing into the human body controlled substances in violation of the law.

Drug and Alcohol Program Advisor (DAPA). The DAPA is the command representative responsible to the commanding officer for implementing the NADAP. The DAPA conducts on board administrative screening as directed by the commanding officer, coordinates or assists in conducting command awareness education, assists in monitoring aftercare, prepares required reports and correspondence and serves as the command's self-referral agent. (R)

Drug Dependent. Having a psychological or physiological reliance on a drug resulting from use on a periodic or continuing basis. See also "Physical/Psychological Dependence" and "Prescription Dependence." Clinically, drug dependence is a disorder demonstrating a cluster of cognitive, behavioral, and physiologic symptoms that indicate the person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences.

Drug Possession. The exercise of actual physical custody and control, or the exercise of dominion and control, over a controlled substance or illegal drug. Merely being in the presence of another person who is in possession of a substance, or merely knowing the location of a substance, does not constitute possession. The substance does not, however, have to be in the hands of a person or otherwise on the person. Possession may be established by the fact that the substance was found on the premises or in a place over which a person exercises dominion and control. Two or more persons may be in possession of a substance.

- R) Drug-related Incident. Any incident in which drug abuse is a factor. This includes the use of controlled substances or illegal drugs. Voluntary self-referral, confirmed wrongful or improper use or possession of drugs or drug paraphernalia, or drug trafficking constitute an incident. Other types of incidents, such as when medical care was required, suspicious public or domestic disturbances have taken place, or death has occurred, must be carefully evaluated to determine if drugs were an underlying factor. Proper use of authorized and documented prescription drugs is not reported as an incident.

Drug Trafficking or Supplying. The wrongful manufacture, distribution (includes sale or transfer) of a controlled substance or illegal drug, and/or the wrongful possession or introduction into a military unit, base, station, ship, or aircraft of a controlled substance or illegal drug with the intent to distribute.

Education/Prevention and Referral Programs. Assistance services provided on a nonresidential basis designed to educate, positively motivate, increase awareness and promote zero tolerance of drug and alcohol abuse. Such services include NADSAP, motivational training, and educational outreach programs typically offered in NADAP Levels I and II. See enclosure (6).

- A) Entrance Testing. Service directed urinalysis testing conducted upon initial entrance or re-entrance into active duty (other than active duty for training). Entrance testing includes all officer entry programs; recruit and NAVET/OSVET training; as well as reserve recall training. The urinalysis testing premise code for entrance level testing is "AT." Urinalysis testing is also conducted prior to and in "A" Schools and Apprentice Training for enlisted personnel, and in warfare/staff specialty entry schools for officers; see enclosures (4) and (7) for further details. See enclosure (7) appendix C for reserve matters.

Hallucinogens/Psychedelics. A group of diverse, heterogeneous compounds all with the ability to induce visual, auditory, or other hallucinations and to separate the individual from reality. Depending on substance and dose, they can cause disturbances in cognition and perception. Some common hallucinogens are: LSD, mescaline and peyote, psilocybin, and psychedelic amphetamine variants (e.g., STP and MDMA).

- A) Illegal Drug. That category of substances including controlled substances and all other prohibited (whether by law or regulation) drugs.

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Intervention. The process of obtaining, at the earliest possible time, the potential patient's acceptance of the need for rehabilitation due to self-destructive drinking or other drug abuse. Consultation with the professional staff at a CAAC, NAVALREHCEN, ARD or an Employee Assistance Program (EAP) is expected before an intervention is conducted.

Marijuana. Any intoxicating product of the hemp plant, cannabis (including hashish) or any synthesis thereof. For purposes of this instruction, the terms "marijuana" and "cannabis" are used interchangeably.

Narcotics. Any opiates or opiate derivatives including their synthetic equivalents. Some common narcotics are: morphine, codeine, heroin, Methadone, Talwin, Percodan, and Darvon.

Navy Alcohol and Drug Safety Action Program (NADSAP) Office. A facility providing educational programs for alcohol/drug abuse prevention. The NADSAP office provides civilian court interface for DWI and similar offenses, support and coordination in alcohol/drug abuse prevention to local and afloat commands and a member to the regional NDAAC as required. NADSAP offices are usually collocated with a Counseling and Assistance Center (CAAC).

Navy Drug and Alcohol Counselor (SNEC 9519). A graduate of the Navy Drug and Alcohol Counselor School who has successfully completed a 1-year supervised internship and who has earned secondary Navy Enlisted Classification (SNEC) 9519 through successful completion of the Certification Examination. Provides evaluation and referral services at the local CAAC, ARC, and/or ARD to assist local commands in processing individuals identified as alcohol or other drug abusers. Provides individual and group counseling services to military alcohol or other drug abusers. Provides a contact point for commands and individuals seeking assistance or information concerning alcohol or drug abuse and/or abuse control programs.

Navy Drug and Alcohol Counselor Intern (SNEC 9522). Those persons who have successfully completed the Navy Drug and Alcohol Counselor School and are in training to become credentialed Navy Drug and Alcohol Counselors.

Physical/Physiological Dependence. An alteration to an individual's physiology or state of adaptation to a drug or alcohol evidenced by a pattern of pathological use, impaired social or occupational functioning, tolerance or withdrawal symptoms when use is abruptly discontinued.

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Polysubstance Abuse. The abuse of two or more drugs during the same relative time period, not necessarily simultaneously, where none can be considered the primary drug of abuse to the exclusion of others.

Prescription Dependence. The dependence on drugs prepared for and dispensed to an individual under the written direction of a physician. An individual may become dependent upon prescription drugs either through no fault of his/her own or through manipulation of the medical system. Each incident of prescription dependence must be handled on a case-by-case basis to determine the individual's role in the addiction.

Psychological Dependence. The craving or need for the mental or emotional effects of alcohol or other drugs that manifests itself in repeated use and leads to a state of impaired social or occupational functioning.

Recovering Alcoholic. A person whose alcoholism has been arrested through abstinence and active involvement in a 12-step recovery program.

Recovering Drug Addict. A person whose wrongful or improper use of drugs has terminated and whose drug dependence has been arrested through abstinence and active involvement in a 12-step program of recovery.

Rehabilitation. The process of restoring to effective functioning by means of a structured Level II or III therapeutic treatment program those persons who are physiologically or psychologically dependent upon the use of alcohol or drugs or who are screened as habitual abusers.

- R) Rehabilitation Failure. Rehabilitation is considered a failure when, in the judgment of the cognizant commanding officer, (1) an individual demonstrates an inability or refusal to participate in, cooperate in, or successfully complete a Level II or III treatment program; (2) an individual returns to alcohol abuse at any time during his or her career following treatment and demonstrates no potential for further useful service; and/or (3) there is a failure to follow a directed aftercare program.

See appendix A to enclosure (7) Matrix Alpha note 2: an individual who incurs a third alcohol incident any time during his/her career, whether dependent or not, is generally considered to have no potential.

Also see MILPERSMAN 3630550, Separation of Enlisted Personnel by Reason of Alcohol Abuse Rehabilitation Failure.

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Stimulants. Widely diverse category made up of central nervous system stimulant drugs that increase the behavioral activity of an individual. Some common stimulants are: cocaine, amphetamines, methamphetamines, caffeine, and nicotine.

Tetrahydrocannabinol (THC). The active ingredient in marijuana.

Program Organization Structure

1. Purpose

a. To achieve maximum standardization of alcohol and other drug abuse rehabilitation services throughout the Navy.

b. To achieve and maintain the highest quality of alcohol and other drug abuse program services delivery to eligible Navy personnel.

2. Organization Concept. The NADAP organization functions within the normal Navy chain of command and area coordination structure as outlined in paragraph 7 of this instruction. That organizational structure is presented at appendix A. This enclosure prescribes duties and responsibilities of other commands, facilities, and personnel having unique NADAP mission requirements.

a. Echelon 2 Command Alcohol and Drug Control Officers (ADCOS) manage the alcohol and drug intervention assets of each Echelon 2 command and advise the Echelon 2 commander on the status of local command alcohol and drug policy and procedures. In addition they have staff responsibility for maintaining quality assurance over all program elements under their cognizance, particularly in the areas of professional training, standards and services delivery.

b. Shore activity commanding officers shall:

(1) Take alcohol and drug abuse countermeasures which are consistent with the alcohol and drug abuse threat environment of the base and local community.

(2) Provide adequate facilities and other resource support for alcohol and drug abuse prevention and control programs at field activities.

(3) Encourage tenant activities to actively support the NADAP, particularly alcohol deglamorization.

(4) Ensure that criminal incidents involving alcohol and drug abuse that require investigative assistance are referred to the Naval Investigative Service Command (NISCOM) or appropriate law enforcement agencies in compliance with reference (g).

(5) Comply with the provisions of references (a) through (f) regarding their civilian employees.

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(6) Comply with the provisions of reference (g) regarding coordination between law enforcement and security agencies.

(7) Ensure that an adequate inspection program is in effect covering persons, vehicles, and property entering and exiting naval installations, vessels, and aircraft.

(8) Establish, as appropriate, a base/station level advisory council, similar to the regional NDAAC, to coordinate and monitor command and tenant activity alcohol and drug abuse control programs.

(9) Designate a senior individual to represent the activity on the regional NDAAC.

c. Commanding Officers, Naval Alcohol Rehabilitation Centers (NAVALREHCENS) report to the Chief of Naval Personnel (CHNAVPERS) as identified in appendix A. They provide expertise to the major claimants as requested and also report, in an additional duty (ADDU) status, to the Regional Coordinator of the area in which they serve. In that capacity they provide the Regional Coordinator with the latest information on alcohol/drug abuse, represent rehabilitation programs at the Regional NDAAC, provide technical advisory assistance when requested by major commands concerned in the administration of the local CAAC/NADSAP facilities and provide professional training for selected NADAP personnel.

R) d. Officer in Charge, BUPERS Detachment, Drug and Alcohol Program Management Activity (DAPMA) reports to CHNAVPERS as indicated in appendix A. DAPMA's mission is to provide and evaluate primary alcohol and other drug prevention services Navywide in support of the NADAP. Additionally, DAPMA administers the contracts for the Navy Alcohol and Drug Safety Action Program (NADSAP) and for clinical supervision of counselors and counselor interns. DAPMA provides Program Standardization and Quality Assurance (PS&QA) team members to evaluate NADAP program elements, both internal (e.g., within a CAAC) and external (e.g., base/station programs).

e. Unit Commanding Officers and Officers in Charge are responsible for NADAP implementation at the command level. They shall aggressively support program activities, participate in local advisory councils and use all measures available to eliminate the effects of alcohol and other drug abuse from their commands. They shall use the expertise of Drug and Alcohol Program Advisors (DAPAs) within their command to determine unit threat assessment and case disposition.

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f. Counseling and Assistance Center (CAAC) Directors normally report to their cognizant major installation commander. They coordinate the delivery of alcohol and other drug abuse Level II program services as well as prevention program elements within their area of responsibility. CAAC directors are usually officers (NOBC 3350) or chief petty officers (NEC 9519/9522) who have successfully completed the 10-week Navy Drug and Alcohol Counselor School (NDACS) and the Directors Seminar. The director manages site operations and all personnel assigned. Some specific duties are:

(1) Provide screening/referral services for personnel referred by commands or those voluntarily seeking assistance.

(2) Provide a nonresidential counseling program as described in NAVPERS 15514 for personnel and their families (where feasible) who require assistance at that level.

(3) Provide aftercare counseling support for members who have completed a Level II or III program.

(4) Direct and standardize outreach programs (on a not-to-interfere basis) to commands in their assigned area.

(5) Provide a representative to the NDAAC.

(6) When collocated with a NADSAP office, act as director of NADSAP services and point of contact for delivery of NADSAP classes in the local area.

g. Navy Alcohol and Drug Safety Action Program (NADSAP) Offices are organizationally and administratively integrated into the existing CAAC management structure when collocated on a Navy installation or in a common geographic area. When a NADSAP is not collocated with a CAAC, the installation commanding officer shall establish where the NADSAP fits within the organizational structure.

h. Drug and Alcohol Program Advisor (DAPA)

(1) The DAPA is responsible to the commanding officer for the management and administration of the command's Level I alcohol and other drug abuse program and the obesity aftercare program. The nature of the duties performed by the DAPA are such that the DAPA should be a volunteer and a top-performing E-6 or above with 2 or more years remaining until expiration of active obligated service (EAOS) and projected rotation date (PRD). All DAPAs must serve a minimum of 1 year as DAPA following completion of their DAPA training - see paragraph 2h(4). If there are no

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eligible E-6s, the command should look for an E-7 or a junior officer to assign as DAPA before considering an E-5 for that position. The DAPA must be a mature individual possessing credibility with officers and enlisted. Only as a last recourse should a command request a paygrade waiver to E-5 provided written justification is submitted. Justification must specify that the E-5 meets all other DAPA criteria and that there are no eligible E-6s or above. An approved waiver at the Echelon 2 level is required for E-5s to attend DAPA training. Pers-63 does not require copies of DAPA waivers. The DAPA must not have had a drug-related or alcohol incident within the last 2 years and, if a recovering alcoholic or drug abuser, must have 2 years sobriety. All DAPAs must meet Navy physical readiness requirements per OPNAVINST 6110.1D. If recovering from chronic obesity, he/she must have 2 years in a program of recovery. The 2-year sobriety or obesity recovery period will not be waived.

(2) All Navy commands are required to have a DAPA. Commanding officers may appoint as many DAPAs as necessary to satisfy command requirements. Commands having more than 1,000 personnel will have at least one full-time DAPA and may have as many assistant (collateral-duty) DAPAs as deemed necessary to appropriately meet the case load. Commands with fewer than 1,000 personnel are encouraged to have a minimum of one full-time DAPA. If it is necessary to assign collateral-duty DAPAs, they will normally be assigned at a ratio of one DAPA per 300 personnel attached. All full-time and collateral duty DAPAs should be designated in writing.

R) (3) The DAPA is responsible to the commanding officer for the alcohol and other drug abuse Level I program and the obesity aftercare program, excluding duties assigned the Urinalysis Coordinator and, in the case of obesity aftercare, the Command Fitness Coordinator (CFC). That includes:

(a) Advising the commanding officer on the administration of the command alcohol and other drug abuse program.

R) (b) Conducting administrative screenings (including reviewing health and service records) of identified alcohol and drug abusers and members who do not meet physical readiness standards to provide the CAAC, the medical officer, and the commanding officer with information for use in determining case disposition.

(c) Coordinating or assisting in the presentation of Level I alcohol and other drug abuse awareness education.

(d) Establishing and monitoring, for designated individuals, a Level I intervention program.

(e) Acting as the aftercare coordinator for the command, coordinating and monitoring the aftercare plan for members who return to the command after completion of Level II or III programs for alcohol and compulsive overeating/food abuse. See enclosures (6) and (7).

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(f) Serving as the command self-referral procedure agent. See enclosure (5).

(g) Drafting Drug and Alcohol Abuse Reports (DAARs) for the commanding officer's signature. See enclosure (12).

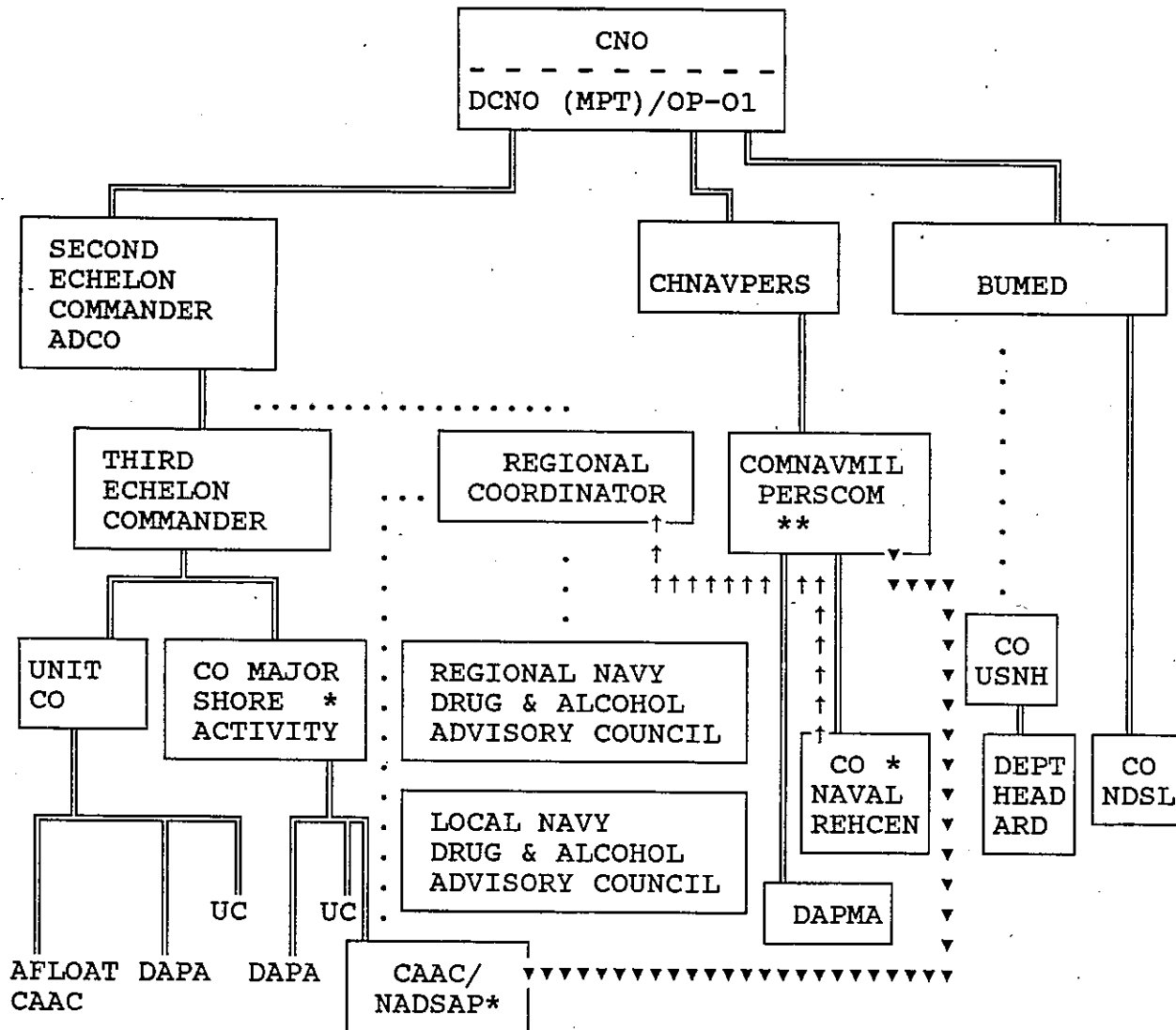
(h) Providing drug and alcohol abuse program information as part of the command orientation process.

(4) An individual assigned as either a full-time or collateral-duty DAPA must successfully complete the Drug and Alcohol Program Advisor (DAPA) course (A-501-0060). Class convening dates are established in the Catalog of Navy Training Courses (CANTRAC), NAVEDTRA 10500.

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(5) The DAPA should NOT normally be assigned duties as Urinalysis Coordinator (see below) to avoid the appearance of conflict of interest. Further, neither should the DAPA be on the ARD staff for similar reasons.

i. Urinalysis Coordinator (UC) is the advisor to the commanding officer on all matters relating to urinalysis testing including testing methodology, collection and transportation of samples to the Navy Drug Screening Lab (NDSL). He/she should be designated in writing. It is recommended that an officer or chief petty officer perform this duty. The UC should develop a locally-prepared checklist for testing observers and administrative assistants to read and acknowledge prior to commencement of urinalysis testing.

NAVY ALCOHOL AND DRUG ABUSE PROGRAM ORGANIZATION

* - Membership on the regional/local NDAAC

** - Provides a member to major claimant (second echelon)
Program Standardization and Quality Assurance Team

LEGEND: == Operational chain of command
 Shore activity coordination
 ↑↑↑ Assigned Additional Duty
 ▼▼▼ NADSAP Contract Management & Quality Assurance
 UC Urinalysis Coordinator

(A)

Appendix A to
Enclosure (2)

Navy Drug and Alcohol Advisory Councils

1. Responsibility. The Navy Drug and Alcohol Advisory Council (NDAAC), either at the regional or local level, is responsible for analyzing the nature, extent, and effect of the local drug and alcohol abuse threat, including the availability of drug abuse paraphernalia. It will develop periodic threat assessments and a written action plan to combat the alcohol and other drug abuse threat in the region, including detection/deterrence, prevention, training, counseling/treatment, and liaison with other interested federal, state, and local agencies. The council chairperson will hold the current threat assessment for review during Inspector General (IG) as well as Program Standardization and Quality Assurance inspections and should make copies available to local commands.

2. Regional NDAAC Organization

a. Regional NDAAC membership should include representatives from local NDAACs and other activities involved in drug and alcohol abuse control matters: e.g., security, medical, rehabilitation, safety, recreation, club management, chaplain, education and training, family advocacy, legal, and public affairs.

b. The regional NDAAC shall meet at least quarterly.

c. The chairperson of the regional NDAAC shall be an officer in paygrade O-6 or senior.

3. Local NDAAC Organization

a. The local NDAAC composition should be parallel to that of the regional NDAAC and, at a minimum, include the following individuals:

(1) Commanding officer, executive officer, or department head in paygrade O-5 or senior of major shore activities (e.g., naval station, naval air station, submarine base, education and training center, etc.)

(2) CAAC Director

(3) DAPA

- (4) Security Officer/Law Enforcement
- (5) Staff Judge Advocate/Legal Officer
- (6) Urinalysis Coordinator
- (7) Family Service Center Director
- (8) Family Advocacy Council Chairperson
- (9) Chaplain
- (10) MWR Club Manager(s)
- (11) Medical Department Representative(s)
- (12) Tenant Command Representatives(s)

b. The local NDAAC will meet at least quarterly, normally in advance of the regional NDAAC. Agenda items for the regional meeting should be forwarded by the local NDAAC(s) in sufficient time to allow preparation for the regional NDAAC meeting.

4. Record of Proceedings. Written minutes of NDAAC meetings shall be maintained and disseminated to those in attendance as well as copies provided to individuals/commands unable to attend. A copy of the minutes will be maintained by the Regional ADCO and local CAAC Director for use during the Program Standardization and Quality Assurance (PSQA) team visit scheduled by the Echelon Two commander (every 24 months).

5. Smaller Commands. Nothing in this instruction precludes installations smaller than station/base/training center/air station/submarine base from organizing a local NDAAC to input to the next larger unit in the chain of command. As an example, a naval reserve unit drilling aboard a naval station could input items of interest (e.g., Campaign Drug Free: a Navy and Marine Corps Reserve role model partnership with schools across the county) to the naval station NDAAC; the station could then discuss the program at the regional NDAAC (typically at the commander, naval base (COMNAVBASE) level).

Detection and Deterrence

1. Policy. The primary responsibility for alcohol and other drug abuse prevention rests with the individual. The Navy, however, will establish and firmly enforce policies, programs, and procedures designed to prevent alcohol and other drug abuse. DOD Directive 1010.7 of 10 August 1983 (NOTAL) and SECNAVINST 5300.29 contain basic policy guidance. (R)

2. Command Responsibility. Commanders, commanding officers, and officers in charge shall establish a command environment that discourages alcohol and other drug abuse. In implementing the Navy's policies, command alcohol and other drug abuse programs shall, as a minimum, include the following:

a. Information. An effective information program is essential to all alcohol and other drug abuse prevention efforts. Commands shall use all available resources (e.g., posters, bulletin boards, Plans of the Day, Captain's Call, bumper stickers, etc.) to deglamorize alcohol use and to emphasize the Navy's "Zero Tolerance" policy regarding alcohol and other drug abuse.

b. Education. Education helps develop appropriate attitudes and behavior concerning alcohol and other drug abuse. It provides Navy personnel and their family members with reliable facts on the deleterious effect of alcohol and other drug abuse on their health, welfare, and personal safety. Commands shall use all available resources to provide alcohol and other drug education to command personnel.

c. Appropriate Use of Alcohol. Consumption of alcoholic beverages just prior to or during working hours reduces productivity. It is the personal decision of an individual to use alcoholic beverages lawfully; however, such use must not:

(1) interfere with the efficient and safe performance of the individual's military duties;

(2) reduce his or her dependability; and

(3) reflect discredit upon himself or herself personally or upon the Department of the Navy.

d. Deglamorization Element. Commands shall make every effort to deglamorize alcohol abuse by eliminating those traditional practices which may encourage personnel to drink irresponsibly. Peer pressure should be used in a positive manner. Commands must emphasize responsibility and moderation at ship's parties and

Enclosure (3)

picnics, happy hours, "wetting downs" and advancement celebrations, initiations, hail and farewell parties, graduations, beach parties, and other functions. At all command functions where alcoholic beverages are served, adequate quantities of non-alcoholic and low-calorie beverages must also be provided so that those who choose to abstain from drinking may participate in such traditional Navy functions.

e. Appropriate Alternative. Commands shall, to the maximum extent practicable, encourage social activities and greater use of all recreational facilities, particularly at overseas and isolated bases. Recreational programs and services represent an alternative to alcohol and other drug abuse not only as a deterrent, but also as a primary element in a command counseling/rehabilitative setting. Innovative leadership, combined with support of recreation facilities and activities, promotes the emotional and physical well-being of Navy personnel. Commands shall ensure at least some recreational facilities remain open as late as on station bars, so that they are not the only off-duty or leisure time options available.

R) f. Health and Physical Readiness. Negative peer pressure and boredom are contributors to alcohol and other drug abuse. Thus, commanders shall emphasize physical readiness programs specifically designed to involve Navy members in healthy and productive off-duty physical activities afloat and ashore. This may involve the use of personal recognition provided through the Navy's "Forge the Future" program, with its physical readiness improvement awards and other physical readiness personal incentives.

3. Identification of Alcohol and Other Drug Abusers

a. Detection Program. Pursue detection and identification programs vigorously and on a continuing basis to achieve two goals:

(1) Detection of alcohol and other drug abuse and identification of abusers.

(2) Prevention of future incidents of alcohol and other drug abuse.

b. Searches. Specific searches for contraband should include:

(1) Gate and quarterdeck searches (particularly overseas) as directed by the commanding officer, of members, vehicles, and

parcels, including off-ship working parties upon their return to the ship. The command should structure the search to leave no element to the discretion of the personnel conducting the search.

(2) Special searches of ship's boats used to transport working parties and stores.

(3) Searches conducted when there is probable cause to believe that an offense has been committed and that evidence of the offense will be discovered by the search. That includes, but is not limited to, probable cause searches of mail in the military postal facilities overseas not operated by U.S. Postal Service employees, urinalysis testing of individuals based on probable cause, and other probable cause searches.

c. Inspections. Conduct continuing programs of health and welfare and military inspections, employing drug detection dogs (DDDs) as appropriate, to include:

(1) Messing and berthing inspections.

(2) Zone/material inspections (especially working and storage spaces).

(3) Seabag/locker inspections, including inspections conducted immediately upon reporting, either directly by the duty MAA or indirectly with the leading petty officer (LPO) assisting the member to unpack.

(4) Gate and quarterdeck inspections in the continental United States (CONUS) as directed by the commanding officer, to include vehicles, members and parcels. The command should structure the inspection to leave no element to the discretion of the personnel conducting the inspection.

(5) Random inspection of mail in the military postal facilities overseas, in locations where the U.S. Postal Service does not operate a civilian postal facility, using drug detection dogs, fluoroscopes or similar means. See DOD Postal Manual, DOD 4525.6-M (NOTAL).

(6) Urinalysis inspections as defined in enclosure (4).

d. Competence for Duty Examinations. Where there is reason to suspect a military member is illegally under the influence of a controlled substance, alcohol or other drug while on duty, that member shall be immediately relieved from duty and referred to the appropriate medical personnel for evaluation of competence

for duty per BUMEDINST 6120.20B (NOTAL). In an appropriate case, as noted in enclosure (4), paragraph 5a(2), a commander may authorize urinalysis testing to be conducted as a search under reference (j) Military Rules of Evidence (M.R.E.) 315.

e. Security and Law Enforcement. Maintain positive security controls over spaces suspected of being havens for alcohol and other drug abuse, including voids, storerooms, fan rooms, recreational areas, and working spaces. Take action as required to increase the presence or anticipated presence of authority throughout the command to deter policy violations. The presence of leading petty officers in crew spaces and of supervisors in work spaces on a regular but unpredictable basis is effective.

(1) Ensure the reliability of security patrols through continuous testing and leadership emphasis, including patrols by commissioned, warrant and chief petty officers.

(2) Ensure that the names and punishments awarded members found guilty of offenses at all disciplinary proceedings, including Captain's Mast, are published and advise DON CAF when such personnel hold a security clearance or are assigned to sensitive billets. See JAGMAN 0107 regarding publication of Mast results.

f. Voluntary Self-Referral for Rehabilitation. Enforcement and command directed programs are essential means of achieving a drug-free naval service. However, a means is required to enable those who are psychologically or physiologically alcohol or drug dependent and want help, to obtain help without risk of disciplinary action. A procedure for voluntary self-referral for drug rehabilitation is established in enclosure (5).

g. Urinalysis. Urinalysis testing for controlled substances is a major means of detecting and deterring drug abuse. The ability to detect the presence of controlled substances through urinalysis eliminates speculation of drug abuse and supports actions needed to rehabilitate, discipline, or separate identified offenders. Commands are urged to use urinalysis to the maximum extent feasible under guidelines detailed in enclosure (4).

h. Driving Under the Influence of Alcohol and/or Drugs. Drinking and drunk driving are contributing factors in half of all motor vehicle accidents. Not reflected in accident statistics are the fatalities and injuries directly attributable to drug abuse, or to the combination of alcohol and other drugs. Commanding officers must use every method available, per reference (b), to

establish use (in the case of drugs) or a state of intoxication (and at what level, in the case of alcohol) when naval personnel are suspected of being under the influence of drugs or of being intoxicated when in a duty status or while operating a motor vehicle. Steps to detect and deter driving under the influence of alcohol and other drugs include:

(1) Using driving mazes at installation gates.

(2) Establishing on-base safety check-points. Guidance concerning check-points is contained in OPNAVINST 5580.1. Commanding officers should also consult a judge advocate general corps (JAG) officer prior to implementing such a program.

(3) Breath analyzer tests in instances where there is suspicion of alcohol intoxication. Breath analyzers are primarily for use in driving while intoxicated (DWI) detection and deterrence. Commands may not use breath analyzers for random snooping or spot checking other than in DWI enforcement. Members identified by such devices as being impaired while driving vehicles are to be stopped and returned to their commands for follow-up per SECNAVINST 5300.29 and this instruction. Intoxicated driving is defined in DOD Directive 1010.7 of 10 August 1983 (NOTAL).

(4) Urinalysis tests where there is suspicion of drug usage. See enclosure (4).

i. Revocation of On-Base Driving Privileges and Vehicular Registration

(1) Any individual found to have been driving while intoxicated by civilian court, court-martial, nonjudicial punishment under the uniform code of military justice (UCMJ) Article 15, or administrative proceeding under reference (b) shall be prohibited from operating a motor vehicle on-base for a minimum of one year. (R)

(2) Individuals who refuse to take a Blood-Alcohol Content (BAC) test shall be subject to revocation of driving privileges per DOD Directive 1010.7 of 10 August 1983 (NOTAL) and reference (b). Further, pending resolution of an intoxicated driving incident, an immediate suspension of on-base driving privileges is authorized regardless of geographic location of the incident. See reference (b), section 2-5. (A)

(3) Individuals whose privileges are suspended for intoxicated driving must complete the 36-hour Navy Alcohol and

Drug Safety Action Program (NADSAP) or equivalent alcohol education program as a prerequisite to reinstatement of base driving privileges.

- (4) Document the offenses in the member's service record, including comment in the member's performance evaluation or fitness report, and report these offenses to DON CAF when personnel hold a security clearance or are assigned to sensitive billets. Revocation of driving privileges shall be in addition to any disciplinary and/or rehabilitation measures appropriate to the specific incident as directed by either military or civil authority. See section 2-13 Reciprocal State-Military Action of reference (b) concerning home-state notification when a person's installation driving privileges are revoked for a period of one year or more following final adjudication of an intoxicated driving offense or for refusal to submit to a BAC test. Submit a DAAR if the member is found guilty of driving under the influence.
- A) (5) Apply revocation of driving privileges only to the offender as an individual so that eligible family members will continue to have access to on-base facilities.

j. Seizure of Vehicle and Vessels. Federal law provides for the forfeiture of all personally-owned conveyances, including vehicles and vessels, that have been used to facilitate the transportation, sale, receipt, possession, or concealment of drugs in violation of law. Security personnel may seize vehicles found on the installation to contain drugs or other contraband as potential evidence. Seized vehicles owned and operated by individuals who are not subject to the UCMJ shall be released to appropriate civilian law enforcement authorities having jurisdiction over the particular case. Seized vehicles owned or operated by individuals subject to the UCMJ may be detained as evidence pending disciplinary action, and shall be screened by the Staff Judge Advocate for referral to the Drug Enforcement Administration for possible forfeiture. When a vehicle is seized under those circumstances, the owner, if other than the driver, and the Staff Judge Advocate shall be notified of the seizure and the reasons therefore as soon as possible. Any seizure of vehicles or vessels by security personnel by reason of drug involvement should be coordinated with the nearest NISCOM Resident Agency. This is per the provisions of the liaison responsibilities of NISCOM as contained in DOD Directive 1010.4 of 25 August 1980 (NOTAL). Detailed guidance regarding procedures to be followed in effecting the seizure of personally owned conveyances are contained in OPNAVINST 5580.1, the Navy Law Enforcement Manual.

k. Drug Detection Dogs (DDD)

(1) Use. Navy commands shall use DDD teams at least semi-annually, if available, within the specified distance outlined in OPNAVINST 5585.2A, in conjunction with inspections, searches, and personnel inspections throughout all command areas as outlined below. DDD teams are an extremely effective drug detection and deterrent measure. Efforts to mask the trace odors the dogs are capable of detecting are rarely successful. Often, a team's physical presence alone is enough to deter drug abuse. (R)

(a) Inspections - use of a DDD in inspections under reference (j), part III, Military Rules of Evidence (M.R.E.), Rule 313. A DDD may be used incident to an inspection ordered under M.R.E. 313. Commanding officers should authorize handlers to conduct unrestricted common area inspections throughout their installations/commands to ensure inspection on a continuing basis. When a "find" or "response" occurs in an area within the scope of an authorized inspection or within a common area, the matter may be investigated and any contraband seized. When a "find" or "response" occurs which suggests the presence of contraband outside the scope of an authorized inspection, the response, and factual circumstances surrounding it, must be relayed to the appropriate commanding officer to seek a search authorization. (R)

(b) Searches - use of a DDD to establish probable cause to search. Except for family housing, a DDD "response" can establish probable cause to search an area, object or extend the scope of a search in progress. Upon reporting to a new base, the DDD team will demonstrate to the base commanding officer and tenant commanding officers its proficiency and accuracy before being allowed to work on base. The base commanding officer can deny the team authorization to search until assured the team is effective. All searches are with prior approval of the commanding officer. Search authority rests only with the commanding officer. See reference (j), M.R.E. 315. Family housing shall not be searched utilizing a DDD team except under a search authorization based on consent, or as authorized by the commanding officer based upon probable cause. Additional information is contained in OPNAVINST 5585.2A. (D)

Urinalysis Policy and Related Procedures

1. Policy

a. Drug abuse reduces readiness and is not tolerated in the United States Navy. Routine urinalysis testing is the most effective means to detect and deter drug abuse. The urinalysis program uses a system of chemical testing of urine samples to:

(1) Establish a valid and reliable means for inspecting personnel to assess the command's readiness to carry out its assigned mission.

(2) Serve as a strong deterrent against drug abuse.

(3) Monitor the status of personnel in alcohol and other drug abuse rehabilitation programs.

(4) Provide statistical data on the prevalence and demographics of drug abuse.

b. Commanders, commanding officers, and officers in charge shall conduct an aggressive urinalysis testing program, adapted as necessary to meet unique unit and local situations. Specific types of urinalysis testing are outlined in paragraphs 5 and 6 of this enclosure. All positive urinalysis testing shall be reported to the Department of the Navy Central Adjudication Facility (DON CAF) when the individual possesses a security clearance or is assigned to a sensitive billet. (A)

2. Objectives. The main objectives of urinalysis testing programs are to detect and deter drug abuse.

3. Authorized Use of Urinalysis

a. Mandatory urinalysis testing for drugs may be conducted in the following circumstances:

(1) Inspection. During inspections performed under Military Rule of Evidence (M.R.E.) 313.

(2) Search or Seizure. During a search or seizure action. Searches and seizures are governed by M.R.E. 311, 312, and 314-316.

(3) As part of one of the following examinations:

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(a) A command-directed examination or referral of a specific member to determine the member's competency for duty and need for counseling, rehabilitation, or other medical treatment when there is a reasonable suspicion of drug abuse.

(b) An examination in conjunction with a servicemember's participation in a DOD drug treatment or rehabilitation program.

(c) An examination regarding a mishap or safety investigation undertaken for the purpose of accident analysis and development of countermeasures.

(4) Any other examination ordered by medical personnel for a valid medical purpose under M.R.E. 312(f) including emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes.

R) b. Subject to limitations in paragraph 4, urinalysis results may be used to refer a military member to a treatment or rehabilitation program, to take appropriate disciplinary action, and to establish the basis for separation and characterization of discharge in separation proceedings per MILPERSMAN Chapter 36 and SECNAVINST 1920.6A. The results of mandatory urinalysis may be used in other administrative determinations except as otherwise limited in this instruction or under rules issued by the Secretary of the Navy. A matrix of the use of the results of urinalysis is provided at appendix A to this enclosure.

4. Limitation on Use of Urinalysis Results of Military Members

A) a. Irrespective of whether or not the results of such testing would be admissible under the M.R.E., results obtained from urinalysis under subparagraph 3a(3), above, may NOT be used for disciplinary purposes, nor for characterization of service in separation proceedings, but may be used for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the servicemember, and to determine whether the individual may retain a security clearance. In addition, such results may not be used as a basis for vacation of the suspension of execution of punishment imposed under Article 15, UCMJ, or as a result of a court-martial. Such results may, however, be used as a basis for separation.

b. Results obtained from urinalysis under subparagraph 3a(3)(c) shall not be used for any punitive or administrative action by the Department of the Navy against the member.

5. Types of Tests and Authority to Conduct

a. Search or Seizure

(1) Tests conducted with member's consent (CT). Members suspected of having unlawfully used drugs may be requested to consent to urinalysis testing. Prior to requesting consent, the command representative should advise the member that he or she may decline to provide the sample. Where practicable, consent should be obtained in writing. Article 31(b), UCMJ, warnings are not required in such cases provided that no other questioning of the member takes place. Consent urinalysis tests may also be conducted per reference (c). Further guidance concerning consent searches is contained in M.R.E. 314 and the analysis thereto.

(R)
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(A)

(2) Probable cause tests (PC). If a member declines to provide a urine sample, and there is probable cause to believe that the member has committed a drug offense and that a urinalysis test will produce evidence of that offense, the member's commanding officer, or other officer with that authority, should order a probable cause test. Urinalysis tests may be ordered per M.R.E. 312(d) and 315 whenever there is probable cause to believe that a member has committed a drug offense and that a urinalysis test will produce evidence of such offense. Consultation with a judge advocate on the issue of probable cause is strongly encouraged. If probable cause does not exist, a command-directed test may be ordered as set forth in paragraph 5c(1).

b. Inspections under Military Rule of Evidence 313. Urinalysis inspections are designed to ensure the military fitness and the good order and discipline of a unit. Such inspections, conducted as an incident of command, help ensure that assigned personnel are fit and ready for duty and that personnel identified as drug abusers obtain counseling or rehabilitation. Commands shall not order urinalysis inspections for the primary purpose of obtaining evidence for trial by courts-martial or for other disciplinary purposes. Results of urinalysis inspections may be used for any purpose, including disciplinary action and characterization of service in separation proceedings. Further guidance concerning inspections is contained in M.R.E. 313 and the analysis thereto.

(R)

(1) Inspections authorized by Commanders, Commanding Officers, and Officers in Charge. Commands may order urinalysis inspections just as they may order any other inspection to determine and ensure the security, military fitness, and good order and discipline of the command. Commands may use any method of selecting servicemembers or groups of members for urinalysis inspection, including, but not limited to:

(a) Random selection (RS) of individual servicemembers either from the entire unit or from any identifiable segment or class of that unit. An identifiable segment includes a department, division, workcenter, watch section, barracks, all non-rated, all officers, or all personnel who have reported for duty in the past month. To enhance the deterrent value of such testing, testing programs should be designed so that a servicemember's chance of selection remains constant throughout the testing period.

- R) (b) Unit sweeps (US): urinalysis testing of an entire unit or the selection, random or otherwise, of an entire sub-unit or identifiable segment of a command. Examples of a sub-unit would include: an entire department, division, or watch section; all personnel within specific paygrades; all newly reporting personnel as they report aboard; or all personnel who surrender or are apprehended after an unauthorized absence. A unit or sub-unit urinalysis inspection should not be conducted as a subterfuge to search a specific servicemember.

- R) (2) Service-directed testing (OS). Service-directed testing is an inspection directed by the Secretary of the Navy or CNO. See paragraph 6 for specific test categories.

c. Fitness for duty testing. Categories of fitness for duty urinalysis testing are described below. Irrespective of whether or not the results of such testing would be admissible under the Military Rules of Evidence, results obtained from urinalysis under subparagraph 3a(3), above, may NOT be used for disciplinary purposes nor on the issue of characterization of service in separation proceedings, but may be used for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the member. In addition, such results may not be used as a basis for vacation of the suspension of execution of punishment imposed under Article 15, UCMJ, or as a result of a court-martial. Such results may, however, be used as a basis for separation.

(1) Command-directed tests (CD). A urinalysis test should be ordered whenever a member's behavior, conduct, or involvement in an accident or other incident gives rise to a reasonable suspicion of drug abuse and a urinalysis test has not been conducted on a consensual or probable cause basis. Command-directed tests shall be ordered by a member's commander, commanding officer, officer in charge, or other officer who has succeeded to command per U. S. Navy Regulations (1973). The authority to authorize a command-directed urinalysis test may be delegated to an executive officer and/or command duty officer. Reasonable suspicion will frequently be generated by a member's involvement in:

(a) A serious accident or incident in which unusually careless acts were performed.

(b) A motor vehicle offense involving excessive speed, loss of control of vehicle, reckless driving, or driving under the influence.

(c) Fights, assaults, disorderly conduct, disrespect to superiors, willful disobedience of orders, and similar incidents of misconduct.

(d) Bizarre, unusual, or irregular behavior.

(2) Aftercare and Surveillance Testing. After a member is identified as a drug abuser (see paragraph 11 of this enclosure), he or she may be required to undergo aftercare or surveillance testing, as defined below. Members in an aftercare program or surveillance testing program are also subject to routine command urinalysis inspections.

(a) Aftercare testing (RA). Command-directed testing conducted as a part of an aftercare plan to provide for continuing recovery after the member completes a Level II or Level III rehabilitation program (see enclosures (6) and (7)). Any confirmed positive urinalysis result identified as drug abuse constitutes a rehabilitation failure and may be used as a basis for separation by reason of misconduct or rehabilitation failure, or both. The results may not be used, however, to characterize a discharge. The initial drug abuse incident which put the member into a rehabilitation program may, if based on a proper testing premise, be used to characterize service in separation proceedings. (D)

(b) Surveillance testing (SU). Command-directed testing ordered for identified drug abusers who do not participate in a Level II or Level III rehabilitation program. Surveillance testing may be conducted for a maximum of six months. As with aftercare testing, results may not be used for characterization of discharge, but the initial drug abuse incident, if based on a proper testing premise, may be so used. (A)

(3) Evaluation testing (ET). Command-directed testing ordered when a commander, having evaluated all available information, remains in doubt as to the member's wrongful use of drugs following a laboratory-confirmed urinalysis result, and does not, either by administrative or disciplinary action, identify the member as a drug abuser. Evaluation testing may be conducted from two to six months but for no more than 16 specimens (e.g., two samples per week for eight weeks; one sample per week for 16 weeks; (R)

or up to 16 total samples collected over a six-month period at irregular intervals as determined by competent authority). When a commander resorts to command-directed evaluation testing to aid in the determination of drug abuse, the limitation on the use of urinalysis results contained in paragraphs 4a and 5c of this enclosure apply equally to both the original positive urinalysis result, regardless of the premise under which it was ordered, and the results of evaluation testing. Either or both test results, however, may be used as a basis for separation. Members undergoing evaluation testing are also subject to routine command urinalysis inspections. Positive results from such inspections may be used for any purpose, including disciplinary action under the UCMJ and characterization of service in separation proceedings.

(4) Physician-directed tests (PD). A physician or other medical personnel may order urinalysis tests in connection with a competence for duty examination conducted per BUMEDINST 6120.20B (NOTAL) or in connection with any other medical examination based on a command referral for the purpose of identifying personnel who may require counseling, treatment, or rehabilitation for drug abuse. This category of tests does not include urinalysis tests ordered by a physician or other medical personnel for medical diagnostic purposes as defined in paragraph 3a(4) of this enclosure or urinalysis tests conducted as a search or seizure.

(5) Safety investigation tests (SA). A commanding officer or investigating officer may order urinalysis tests in connection with any formally convened mishap or safety investigation. Results of such tests may not be used for any punitive or administrative action taken by the Department of the Navy against the member.

6. Service-Directed. The following categories of inspections shall be conducted as prescribed in this instruction or by the appropriate OPNAV Program Manager:

a. Rehabilitation facility staff (RF). Military staff members of alcohol/drug abuse program rehabilitation facilities shall undergo urinalysis testing as a deterrent to their use of drugs and to provide an example to their clients. The facility commanding officer or director will establish the frequency of testing.

A) b. Drug Screening Laboratory Staff (RF). Military staff members of drug screening labs shall undergo urinalysis testing as a deterrent to their use of drugs and to ensure their personal integrity. The facility commanding officer will establish the frequency of testing, which shall not be less than six times per year for each military staff member.

c. Drug and Alcohol Abuse Treatment/Rehabilitation (RA). This testing is conducted in conjunction with participation in a Level II counseling program or Level III rehabilitation program for alcohol or drug abuse (as opposed to a medical detoxification or medical treatment program). Such testing is mandatory for identified drug abusers and recommended for identified alcohol abusers and obese personnel. A demonstrated return to drug usage, or a switch from alcohol abuse to drug use or vice versa, constitutes a failure to rehabilitate. Despite the fact that some heavy users of drugs (particularly cannabis) may remain positive for as much as 30 days at or above Department of Defense confirmation levels, continued positive results are generally indicative of a return to drug abuse or a chronic dependency problem. Reevaluate for dependency any individual who remains positive for two weeks when undergoing Level II rehabilitation and refer the member to the parent command for administrative separation processing or referral to Level III rehabilitation. Although urinalysis testing in conjunction with a treatment or rehabilitation program constitutes a service-directed inspection, the limitations on use of urinalysis test results contained in paragraph 4 of this enclosure apply to results of such testing. (A) (R)

d. Security personnel (OS) shall be tested as directed by the program manager.

e. Naval Brigs (OS). Testing of brig staff and detainees is essential to ensure illegal drugs do not enter these controlled spaces.

(1) Naval Brig Staff. Members of Naval Brig facilities shall undergo urinalysis testing as a deterrent to their use of drugs and to provide an example to the prisoners. Monthly testing of all military staff members is mandatory.

(2) Brig Prisoners. Testing is mandatory for all military personnel upon entry into the brig and bi-monthly thereafter to detect the entry and presence of any drugs within these controlled areas.

f. PCS (Permanent Change of Station) Overseas (OS). (A) Determining suitability for overseas service is a responsibility of the transferring command. All officer and enlisted personnel shall undergo a mandatory service-directed urinalysis inspection in conjunction with the overseas screening process. Urinalysis testing should be completed within 30 days of receipt of orders. Deployed units may modify the testing time requirements for transfer to accommodate operational schedules and mail availability. Commanding officers should not execute orders until

the urinalysis test results are received and evaluated. If a member is identified as a drug abuser, in addition to taking administrative and disciplinary action, commanding officers shall notify COMNAVMILPERSCOM, or the Enlisted Personnel Management Center (EPMAC), if the member is non-rated, that the member is ineligible for overseas duty assignment.

A) g. Entrance Testing (AT)

(1) The following individuals shall undergo drug and alcohol testing and dependency evaluation:

(a) Officer candidates who report to Aviation Officer Candidate School (AOCS) or Officer Candidate School (OCS), and newly commissioned officers arriving at Officer Indoctrination School (OIS) shall be tested and evaluated within 72 hours of arrival at AOCS, OCS or OIS. The testing shall normally be accomplished within 24 hours of the individual's arrival.

(b) Applicants for the U.S. Naval Academy (USNA) and for the Naval Reserve Officers Training Corps (NROTC) Scholarship Program shall be tested and evaluated in accordance with procedures issued by the Department of Defense Medical Evaluation Review Board (DODMERB). Non-scholarship NROTC students will be tested and evaluated coincident with their precommissioning physical. Such testing shall normally be accomplished within 24 hours of arrival.

(c) The enlisting/appointing activity shall ensure that personnel selected for the Nuclear Propulsion Officer Candidate (NUPOC) Program, the Baccalaureate Degree Completion Program (BDCP), and for any officer programs/appointments not covered above are tested and evaluated during their pre-commissioning physical.

(d) Navy and Naval Reserve enlistees shall be tested and evaluated at Recruit Training Commands (RTCs) within 72 hours of the member's initial entry on active duty (IEAD). Such testing shall normally be accomplished within 24 hours of arrival at the RTC. ✓

(e) Prior service or personnel recalled to active duty (other than active duty for training) whose break in active service is more than six months shall be tested and evaluated in conjunction with a reentry physical, if one is given, or within 72 hours following reentry.

(f) Prior service applicants for Selected Reserve enlistments/reenlistments whose break in service from a Selected Reserve or Regular component is more than six months and other

applicants for Selected Reserve enlistments shall be tested and evaluated in conjunction with an enlistment/reenlistment physical.

(2) Testing. All personnel described in paragraph g(1) shall be tested for a full range of drugs and for alcohol use by a DOD-approved breath-alcohol test. A DOD-approved blood-alcohol test may be used if the appointment authority cannot comply with the breath test. Blood sampling shall only be accepted if a chain-of-custody procedure is maintained from collection until results are provided.

(3) Evaluation. All personnel as described in paragraph g(1) shall be medically evaluated for drug or alcohol dependency using appropriate medical/psychiatric criteria. Make the following service record entry to document the drug and alcohol test and evaluation:

"(Date): Drug and alcohol testing and evaluation performed this date in accordance with Title 10, U.S.C., section 978."

(4) Discharge Policy. See enclosure (7), appendix B, paragraph two.

h. Accession Training Pipeline. Officer and enlisted personnel in the accession training pipeline shall undergo service-directed urinalysis inspection as prescribed below:

(1) Fleet personnel with orders to "A" school shall undergo mandatory, service-directed urinalysis inspection approximately 30-45 days prior to commencement of travel to "A" school. Deployed units may modify the testing time requirements for transfer to accommodate operational schedules and mail availability. Commanding officers shall not execute orders to "A" School until urinalysis test results are received and evaluated. Those identified as drug abusers by their commanding officer and who are retained in the naval service are ineligible for "A" school for a minimum of one year. Use testing premise code "OS" for this category of testing.

(2) Normally, within two weeks of reporting to apprentice training and "A" Schools or the first module of other training after recruit training, each student will undergo urinalysis inspection for the full range of drugs. Personnel who hold "A" school guarantees that require security clearance to commence training shall have been free from marijuana/cannibis use for six months or other illegal drugs or controlled substances for two years. When all incoming students are tested at essentially the same time, use premise code "US." (R) (A)

- A) (3) Officer students in warfare/staff specialty entry schools will normally be tested for the full range of drugs at some point during the course of their schooling, normally within two weeks of reporting. Use testing premise code "US."

i. Military Parolees (OS). Prior to release on parole, prisoners approved for parole are required to undergo urinalysis testing per SECNAVINST 5815.3G. In addition, military parolees are required, per that instruction, to undergo urinalysis testing when directed by the Naval Clemency and Parole Board or by the supervising United States Probation Officer.

7. Unit Quotas

a. While unit commanders, commanding officers, officers in charge, and physicians have the authority to order as much urinalysis testing as is deemed necessary, the Navy Drug Screening Labs (NDSLs) have a finite capacity. It is necessary, therefore, to regulate the submission of urine samples to the laboratories.

- A) (1) The Director, Drug and Alcohol Abuse Prevention and Control Division (NMPC-63), shall be the responsible authority for laboratory quota management. The Director shall coordinate quota assignments with the appropriate BUMED director to assess the distribution of samples among the NDSLs.
- R) (2) Second echelon commanders (or designee) are delegated the responsibility to regulate laboratory quotas assigned by higher authority and must approve all subordinate submissions in excess of 20 percent (or any percentage resulting in more than 200 samples) of a unit's assigned personnel per month.

(3) Each unit may submit to the NDSLs a maximum quota of samples per month equal to 20 percent of its assigned personnel or 200 samples, whichever is less, without prior approval. All types of testing (search and seizure, inspections, fitness for duty, etc.) are applied toward a unit's quota except service-directed testing. Samples which test negative in the field, and are not forwarded to a laboratory for confirmation, do not count against the 20 percent monthly quota.

b. Second echelon authorization for testing in excess of 20 percent required is solely to regulate the number of samples submitted to the NDSLs. The requirement to obtain authorization to exceed monthly quotas is not intended to create any rights, substantive or procedural, nor does it place limits on the lawful prerogatives of commands to order urinalysis testing.

8. Field test kits. Although laboratory testing is the primary means to test urine samples, commands may use field test kits to screen samples, provided they collect and submit samples as described at appendix B. Commands that choose to field test are responsible for all associated costs including reagents, maintenance, and training. Commands must also meet certification and quality assurance requirements set forth at appendix C. All urine samples identified as positive by a field test shall be sent immediately to the applicable NDSL for initial and confirmation testing.

a. Positive test results from field tests are considered preliminary until confirmed as positive by a DOD-certified drug laboratory or by the servicemember's admission.

b. Field test results alone may not be used as the basis for any disciplinary action, administrative separation proceeding, or other adverse administrative action pending laboratory confirmation. Such results may be used for temporary referral to a treatment program, temporary suspension from sensitive duty positions or positions where drug abuse threatens the safety of others, or to temporarily suspend access to classified material.

c. If a positive field test result is not confirmed by a DOD-certified drug laboratory or by the servicemember's admission, any temporary action based solely on the field test result shall be rescinded.

d. If an action is based upon evidence other than the field test results (e.g., member's admission), nothing in this provision prohibits continuing a temporary action or taking appropriate disciplinary or administrative action.

9. Collection and Transportation of Urine Specimens. Commands are responsible for collecting and transporting urine specimens under the chain of custody procedures outlined at appendix B. Urine samples should be shipped to the testing lab through regular mail channels. The fact that the container arrives at the lab sealed without indication of tampering, a fact noted by the lab on the chain of custody document, provides an adequate chain of custody on the sample for purposes of courts-martial or disciplinary proceedings. Registered mail can ensure that evidence is traceable within the postal system, and is an option to consider in cases involving search and seizure. In instances where registered mail is used, reference this directive as authority to enter unclassified material into the registered mail system. Urine samples must be packaged and handled per U.S. Postal Service

Publication 52 regarding "Biological Materials". Appendix B contains guidance.

10. Retests

- R) a. Navy Drug Screening Laboratories. The drug screening laboratory will retain chain of custody documents and other paperwork on file for two years. The laboratory will retain positive samples in frozen state for one year and then discard unless otherwise requested by the submitting command to retain the sample for an additional period of time. When a sufficient quantity of a specimen is available to permit retesting, the NDSL will conduct a retest:
- (1) When requested by the submitting command;
 - (2) When requested by an administrative board under rules applicable to the board; and
 - (3) Upon order of a court-martial under rules applicable to the court-martial.
- b. Retests requested by member. Commanding officers are not required to obtain a retest at an NDSL when requested to do so by a member. A member may obtain a sample retest at a laboratory other than an NDSL at the member's own expense when, in the opinion of the NDSL commanding officer, a sufficient quantity of a specimen is available for retesting and the laboratory meets DOD certification requirements. Requests for portions of samples for such retesting must be submitted to the cognizant laboratory via the member's command.
- c. Retests at laboratories other than DOD-certified laboratories. Commands wishing to have samples retested at a drug testing laboratory other than a laboratory certified by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall submit requests to COMNAVMILPERSCOM (NMPC-63) for approval. If approved, COMNAVMILPERSCOM will forward the request to ASD(HA) for authorization per DOD Directive 1010.1 of 28 December 1984 (NOTAL).

11. Command Determination of Drug Abuse

- a. The report of results message is official notification of laboratory test results and constitutes authority to take appropriate disciplinary or administrative action. The drug screening laboratory will retain chain of custody documents and other paperwork on file for two years. The laboratory will retain positive samples in a frozen state for one year and then discard unless
- R)

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otherwise requested by the submitting command to retain the sample an additional period of time.

b. A positive laboratory report is a dependable indication that drugs are present in the urine. A cross-check should be made with appropriate medical and dental personnel to determine whether the member was using legitimately prescribed medications or if any other valid reason could explain the positive. The medical officer shall report to the member's commanding officer whenever there appears to be an authorized use of the identified drug.

c. Using all information available, including the urine test results, medical and dental records, service record, and chain of command recommendations (e.g., department head, division officer, leading chief petty officer), the commanding officer will make one of the determinations listed below. In the case of recruits, NAVETs, and new accessions to the Navy, a claim of unknowing use or administrative error must be established by clear and convincing evidence and be ratified by Pers-63 and in cases where the member is authorized by competent medical authority to use the drug identified, by a valid medical prescription for that drug.

(1) The member is a drug abuser. Commands will follow the disposition guidelines contained in enclosure (7).

(2) The member is not a drug abuser. In cases in which the commanding officer determines that the urinalysis result attributed to a particular member is the result of administrative error (e.g., faulty local chain of custody, evidence of tampering) or that the drug use was not wrongful (e.g., prescribed medication, unknowing ingestion), the member shall not be identified as a drug abuser. The positive urinalysis is not a drug abuse incident in such cases and no action/documentation is required.

(3) The member's wrongful use of drugs is in doubt. When, in the judgment of the commanding officer, there remains some question as to the member's wrongful use of drugs, the commanding officer has an option to:

(a) ask the member to consent to urinalysis tests as outlined in paragraph 5a(1);

(b) direct the member to participate in a urinalysis evaluation program for a maximum of 6 months as outlined in paragraph 5c(3), and use the results to aid in the determination; or

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R) (c) request the laboratory to reexamine the original documentation for error.

A) (d) request the laboratory to retest the original sample. Retesting requires additional urinalysis confirmation documentation and reduces the quantity of urine available for future directed retesting (i.e., in the case of courts-martial). This should not be a routine course of action. In cases where the retest request will result in a remaining specimen volume of 10 milliliters or less, which may be insufficient for further testing, the requesting authority will be notified to advise the NDSL in writing if the retest should be performed. Further guidance on retest requests is given in paragraph 10 of this enclosure.

(d) If the test result is to be used in a courts-martial or administrative proceeding, and the trial or administrative proceeding cannot be completed within the 1-year period, the submitting command must request an extension of the 1-year urinalysis results retention period from the NDSL that performed the test(s). When urinalysis test results are used as evidence in a general or special courts-martial, the command should consult the trial counsel as to when the laboratory may discard the positive sample and inform the respective laboratory holding the sample.

12. Urinalysis Guidance

a. Conduct every urinalysis test with the full expectation that administrative or disciplinary action might result.

R) b. Urinalysis coordinators shall be designated in writing by the commanding officer. The coordinator shall be, along with the DAPA, a command resource for the Navy drug and alcohol program. The coordinator shall be responsible for training collection assistants and observers and an uncompromised shipment of the samples to the assigned NDSL. Officers and chief petty officers (CPOs) should, where practicable, serve as urinalysis coordinators and observers. In all instances, it is crucial that responsible individuals be used in those positions. To facilitate the collection of a unit sweep where all hands are to be sampled, the designation in writing of an additional unit urinalysis coordinator is recommended. By using two coordinators to supervise observation, collection, and conduct the proper chain of custody and shipment of the other unit coordinator's sample, the possibility of compromising the unit sweep is removed.

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c. Random sampling of smaller numbers of personnel on a more frequent basis provides best results. It reduces the predictability of command testing and raises the perceived risk of detection. For an effective Urinalysis Program, testing should never be conducted:

(R)

- (1) On a predictable schedule,
- (2) On a specific day each month,
- (3) Immediately following the receipt of collection bottles by the coordinator,
- (4) With a policy to delete personnel from a test because they may have been previously tested under random or another premise,
- (5) Coincident with specific or periodic musters.

d. Random testing of large commands can effectively be conducted by dividing the command into divisions, work centers, branches, or shifts and then selecting one of these units randomly for testing. This method localizes the pool and assists in a timely completion of testing. Random selection of individuals can be facilitated by use of the last digit of personnel social security numbers. To ensure randomness in watch section testing, the watch section should vary (not always the 0800 to 1200 section). Commands shall ensure a random testing frequency to avoid predictable testing patterns.

e. Planned testing dates should be held in strictest confidence. The element of surprise is essential to a successful deterrence program.

f. Under no circumstances shall the command urinalysis coordinator and observers provide their own samples to be included in the batch when conducting urinalysis testing. If the command desires that the command urinalysis coordinator and observers/administrative assistants be tested (i.e., unit sweep), the use of the command's additional unit urinalysis coordinator or assistance of another command's urinalysis coordinator is required to collect, document, package, and send the samples obtained. The importance of preventing command urinalysis coordinators from handling a batch that contains their own sample cannot be overemphasized. Failure to adhere to this requirement, however, does not confer a legal right or benefit to any persons who were part of that batch and who test positive. Each such

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occurrence shall be evaluated on a case-by-case basis. All incidents where the coordinator or observer(s) were also sample providers in the same batch shall be reported to Pers-63.

- R) g. Specimen collection should immediately follow the test announcement. Members designated for testing should report directly to the collection site, under escort if considered necessary. This denies members the opportunity to void prior to providing the urine sample.
- h. Strict adherence to direct observation policy prevents most countermeasures (substitution, dilution, adulteration).
- R) i. Mailing as soon after collection as practical reduces the possibility of tampering, errors in maintaining the chain of custody, and sample deterioration.
- R) j. Infrequent (once per month) users of marijuana will ordinarily remain positive at the established laboratory cutoff levels for 3-5 days following their most recent use. Most heavy users of marijuana will test positive at laboratory cutoff levels for a longer period of time after discontinuing use. Continued positive results over time indicate continued abuse or previous extremely heavy abuse and requires evaluation for chronic drug dependency. Average users of most other drugs will test negative within 2-4 days following the most recent use.
- k. Restrained use of entire unit sweeps is recommended since they use up to 40 percent of a command's yearly laboratory urinalysis quota. Random sampling and sub-unit sweeps are normally better deterrents and simplify command collection and chain of custody procedures. However, section 7 of this enclosure remains applicable.
- l. Intelligent use of monthly testing quota, tight chain of custody, and strict compliance with collection procedures maximize the deterrent value of the command urinalysis program.
- R) m. Field test kits are acceptable for aftercare and surveillance testing to provide immediate screening results. Field testing is prohibited for use in random, unit, and sub-unit sweeps, or other scenarios involving large numbers of samples.

Enclosure (4)

USE OF DRUG URINALYSIS RESULTS

	Usable in disciplinary proceedings	Usable as basis for separation	Usable for (other than honorable) characterization of service
1. Search or Seizure -	YES	YES	YES
- member's consent	YES	YES	YES
- probable cause	YES	YES	YES
2. Inspection			
- random sample	YES	YES	YES
- unit sweep	YES	YES	YES
3. Medical - general diagnostic purposes (e.g., emergency room treatment, annual physical exam, etc.)	YES	YES	YES
4. Fitness for duty			
- command-directed	NO	YES	NO
- competence for duty	NO	YES	NO
- aftercare testing	NO	YES	NO
- surveillance	NO	YES	NO
- evaluation	NO	YES	NO
- mishap/safety investigation	NO	NO	NO
5. Service directed			
- rehab facility staff (military members)	YES	YES	YES
- drug/alcohol rehab testing	NO	YES	NO
- PCS overseas, naval brigs	YES	YES	YES
- entrance testing	NO	YES	*NO
- accession training pipeline	YES	YES	YES

*YES for reservists recalled to active duty only (except
Delayed Entry Program participants)

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Collection and Transportation of Urine Specimens1. Collection

a. A responsible individual will coordinate the urine collection. The individual will be designated in writing as the unit Urinalysis Coordinator (UC). In those cases where a large number of samples is collected, commanding officers may assign more than one unit coordinator. Commanding officers are the ultimate authority in deciding who within their command coordinates the urinalysis testing program. Hospital corpsmen or the Drug and Alcohol Program Advisor (DAPA) normally should NOT be used for urine collection, testing, and shipping. The unit coordinator will receive the urine specimen bottles (NSN 6640-00-165-5778) and prepare each as follows: (R)

(1) Record on gum label:

(a) Date of collection (DAY/MONTH/YEAR).

(b) Batch number (locally derived four digit number assigned to each batch of twelve samples or portion thereof).

(c) Specimen number (predetermined two digit sequential numbers assigned to each individual sample in a batch).

(d) Member's social security number (use all digits).

(e) Testing premise/authority identifier as follows:

Search or Seizure

CT: Consent testing

PC: Probable cause

Inspections

RS: Random sample

US: Unit sweep (including subunits)

AT: Entrance Testing

OS: Other service-directed testing

RF: Rehabilitation facility staff testing

(R)

(R)

Fitness for Duty

CD: Command-directed

PD: Physician-directed

RA: Rehabilitation program/aftercare testing

SA: Official safety, mishap, accident testing

SU: Surveillance testing

ET: Evaluation testing

Medical Examination

ME: Medical examination

Other

R) OT: Other authorized testing

A) (f) Premise codes need not be explained on the chain of custody form. Should circumstances require more identification, include the documentation with the shipment, to the attention of the NDSL Commanding Officer.

(2) Attach gum label to body of bottle (this step may be accomplished after the sample has been collected, in which case the label must be attached to the bottle in the presence of the member providing the urine).

b. The coordinator will maintain a urinalysis ledger documenting all test specimens with the following identifying information:

(1) Date of collection (TIME/DAY/MONTH/YEAR)

(2) Batch number

(3) Specimen number

(4) Member's social security number

(5) Testing premise identifier

(6) Signature and printed name of observer (see paragraph 1d below)

(7) Signature of member (see paragraph 1e below)

(8) Identification of new batch and specimen numbers if administratively changed for any reason, signature and printed name

of individual making change and signature and printed name of witness.

c. The coordinator shall ensure that each specimen is collected under the direct observation of a designated individual of the same sex as the member providing the sample. The observer shall not handle the bottle unless the observer is also the unit coordinator; this procedure is not recommended unless the unit coordinator maintains positive custody of all samples while observing (e.g., small sample group, aftercare, etc). The observer will sign the urinalysis ledger, certifying that the specimen bottle contains urine provided by the member and was not contaminated or altered in any way. (R)

(1) For personnel providing a sample directly into the bottle specified in paragraph 1a above, the observer shall observe the servicemember urinating into the specimen bottle, placing the cap on the bottle, and delivering the bottle directly to the coordinator.

(2) For female personnel, the urine may be collected in a wide-mouth bottle (NSN 6530-00-837-7472) and transferred into the specimen bottle specified in paragraph 1a above. The observer shall observe the servicemember urinating into the wide-mouth bottle, transferring the urine to the specimen bottle, placing the cap on the bottle, disposing of the wide-mouth bottle, and delivering the specimen bottle directly to the coordinator.

d. The coordinator shall ensure that the servicemember verifies the identifying information by signing the ledger and initialing the specimen bottle label. If the servicemember refuses to sign, the verification may be accomplished by the observer and witnessed by the coordinator.

e. The coordinator shall ensure that the member presents picture proof of identity and shall verify the servicemember's social security number on the bottle against the proof of identity. (R)

f. The coordinator shall receive the specimen bottle from the member and ensure that it contains a minimum volume of 60 milliliters, as required by the NDSL and is not reopened. The urine sample bottle holds a maximum of 100 milliliters. Submission of less than the minimum quantity to the NDSL may result in the inability to confirm the preliminary test or may preclude retesting. The coordinator will initial the label in the member's presence and transcribe the information to the Urine Sample Custody

A) Document (OPNAV 5350/2). The dates on the form (items 3, 6, 11A and 11B) must be in the format MM/DD/YY (for month/day/year). See appendix E. OPNAV 5350/2 and bottle labels may be prepared in advance. In this case the coordinator must verify that the information on the label and Custody Document match. The use of word processing equipment with merge feature is encouraged to reduce the possibility of incorrect transcription of numbers.

R) g. Tamper resistant tape is required on all samples collected. Unit urinalysis coordinators can procure tamper-resistant tape through a government contract: Professional Tape Company, Inc., GSA contract number: GS-02F-48169. Any substitute tape must be the same width and length of the above. The tape is applied by fixing one end of the tape near the label and pulling the tape directly across the widest part of the cap and down the opposite side of the bottle. An alternate procedure is to allow the servicemember to seal his or her bottle in the presence of the urinalysis coordinator. Upon collection of all samples the coordinator shall sign and date Block 11(a) of the Urine Sample Custody Document(s).

h. If a member claims to be unable to submit a sample, or submits less than the 60 milliliter minimum, it is permissible to require the member to remain in a controlled area, under observation, and to drink fluids normally consumed in the course of daily activity (e.g., coffee, water, soda) until such time as the member is able to provide a sample, or the balance of an incomplete sample. In the case of an incomplete sample, if such a procedure is followed, the unit coordinator will maintain custody of the incomplete sample until such time as the member is able to provide the balance of the sample in the same bottle.

A) i. Should a member be unable to provide a sample during the command's prescribed collection period, the member shall be interviewed by a military medical authority to investigate the possibility of physiological or psychological problems in complying with the program. The interview will be within 48 hours of the collection and documented in the member's medical record. If failure to provide a sample is a chronic problem, the member shall be seen by a medical officer.

2. Local testing. The commander, commanding officer or officer in charge may direct local testing using field testing equipment. In this event, only those drugs confirmable by a DOD-certified laboratory may be tested on field equipment. All negative samples (those samples not giving a positive result for the drug(s) tested)

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shall be discarded. See enclosure (4), paragraph 8, for restrictions on using field test results.

a. The unit coordinator shall deliver the samples and OPNAV 5350/2(s) to the field test equipment operator.

b. The field test equipment operator shall sign OPNAV 5350/2(s) acknowledging receipt of the samples and test all samples according to procedures specified by the equipment manufacturer.

(1) Retain the daily work sheet, indicating all testing conducted, for 2 years.

(2) Retain the Result Cards for all controls and those samples indicated as positive for 2 years. Discard Result Cards for those samples indicated as negative.

c. The field test equipment operator shall annotate positive results in Block 10 of OPNAV 5350/2 (e.g., + THC, + AMP, etc.). Drug abbreviations may be found under General Instructions on the form. Block 10 may contain more than one positive indication. The field testing operator must note on the OPNAV 5350/2 that the urine specimen(s) were received sealed, opened for testing, and resealed with new tamper resistant tape by the field testing operator in those cases where tamper resistant tape was utilized to seal the sample originally.

d. After completing the field tests, the equipment operator shall line through and initial the entry(s) on OPNAV 5350/2(s) for those samples which did not test as positive and discard all the negative samples.

e. The field test equipment operator shall deliver samples which tested positive and OPNAV 5350/2 to the unit coordinator. The unit coordinator shall sign OPNAV 5350/2, acknowledging transfer of custody, and prepare the samples for shipment to a NDSL.

3. Preparation for shipment. The unit coordinator shall prepare samples for shipment as follows:

a. Ship urine specimens in the same (12 bottle) shipping container. The coordinator shall pack specimens for shipment as follows:

(R)

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(1) Use one of the two types of secondary containers available for the purpose; i.e., a single specimen bag (plastic) or a mail pouch (plastic).

R) (2) Ensure each bag or pouch contains absorbent material. There are two types of material: a small 1 to 2 square inch absorbent pad for use with single specimen bags; and a 5"x 5" absorbent pad for the mail pouch container. The 5"x 5" absorbent pad can only absorb the fluid in 2 bottles; therefore, a box of 12 bottles inside a mail pouch will require 6 such pads. Urinalysis coordinators should check the manufacturer's specifications on the amount of liquid the available absorbent pads can contain and package accordingly.

(3) Use of the single specimen bag:

(a) The coordinator shall check the bottle cap for tightness. If tightening breaks the tamperproof seal, replace the tamperproof seal and make appropriate documentation on the chain of custody form. Place the bottle in the single specimen bag.

(b) After the absorbent material is placed within the bag, the adhesive top should be folded carefully to attain a leakproof seal. The leakproof seal is necessary to contain any urine in the event of bottle failure until the absorbent material can react.

(c) Place the bottles in the shipping box cells provided with the separator insert and use additional paper to reduce bottle movement during shipping. Do not use the empty unused bottles as packing. Retain the empty bottles with adequate security to keep them valid for future use.

(d) Enclose one copy of the OPNAV 5350/2 in a waterproof mailer and insert the mailer into the shipping container box.

(e) The outside of the box (when sealed) must have the following printed on the address label side: "Clinical Urine Specimens."

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(4) Use of the mailing pouch:

(a) The coordinator shall check each bottle cap for tightness. If tightening breaks the tamper proof seal, replace the seal and make appropriate documentation on the chain of custody form. Bottles will be placed into cells provided by the separator insert. If less than 12 bottles are present, empty cells will be filled with paper to reduce shipment movement.

(b) Enclose one copy of the OPNAV 5350/2 in a waterproof mailer and insert the mailer into the shipping container box and seal.

(c) Open the mailing pouch and place only one cardboard shipping box inside the mailing pouch ensuring there are enough absorbent pads to capture all urine within the carton if a spill/leakage should occur in shipment (i.e., twelve 60ml bottles equals 720ml of urine). Carefully fold the pouch adhesive strip to attain a leakproof seal. The leakproof seal is necessary to contain any spilled urine in the event of bottle failure until the absorbent pad(s) can react. (R)

(d) Place the adhesive mailing label and a printed label stating "Clinical Urine Specimens" on the outside of the mail pouch.

(5) These national stock numbers (NSNs) are for the secondary container and absorbent material:

(a) Single specimen bags:

Bag, specimen, 5"x 6"	6530-01-307-5431
Bag, specimen, 4"x 6.5"	6530-01-307-5430

(b) Multi-specimen bag:

Mailing pouch, 10.5"x 15"	6530-01-304-9762
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(c) Absorbent material:

Pouch, liquid absorbent, 1.25"x 1.25"	6530-01-307-7434
Pouch, liquid absorbent, 2.5"x 3"	6530-01-307-7433
Pouch, liquid absorbent, 5"x 5"	6530-01-304-9754

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(d) Envelope:

Envelope, packing list

8105-00-857-2246

R) b. Hand delivery of urinalysis samples directly to an NDSL by the command urinalysis coordinator negates the requirement for a secondary container in the collection packaging. The primary container (bottle) must still be sealed with tamper proof tape.

c. If the specimens were tested on field test equipment, submit only the samples which tested positive to the laboratory. More than one batch may be placed in a shipping container provided that all positives from one batch are all in the same shipping container. The original OPNAV 5350/2 must accompany all specimens described thereon.

4. Transportation

a. The unit coordinator shall indicate in Block 11(b) of the original OPNAV 5350/2 one of the following modes of shipment:

(1) "Released to First Class U.S. Mail."

(2) "Released to Certified Mail #XXXX."

(3) "Released to Registered Mail #XXXX."

(4) "Released to PO3 Smith to hand carry to drug testing laboratory." In such case, PO3 Smith would sign Block 11(c) of the OPNAV 5350/2 upon receiving the specimens.

(5) "Released to Military Airlift Command, Bill of Lading Number XXX."

(6) "Released to United Airlines Flight 554, Bill of Lading Number XXX."

(7) "Released to Swiss Air Flight 52, Bill of Lading Number XXX." (NOTE: A foreign flag carrier is used only when no other shipment means is available.)

(8) When the Registered Number or Bill of Lading Number is not determined prior to sealing the container, indicate only

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the mode of shipment on the original and copy of OPNAV 5350/2 and annotate the command copy with the appropriate number when the container is accepted for shipment.

b. The unit coordinator shall seal all sides, edges, and flaps of the box with adhesive paper tape, then sign and date across the tape on the top and bottom of each shipping container.

(1) Seal and sign each container whether shipped separately or collectively, mailed or hand delivered to the NDSL.

(2) U. S. Postal Regulations allow only two 12 bottle shipping containers to be consolidated into a larger box. Coordinators will line the larger box to prevent the contents from rubbing against the box. Seal all shipping containers inside a plastic bag. Add sufficient packing material to prevent shifting of contents. (R)

c. The unit coordinator shall place the original OPNAV 5350/2 in a sealed envelope (retaining one copy) and affix the envelope to the sealed shipping container. Report Control Symbol 5350-4 applies to the data transmittal.

d. The unit coordinator shall wrap the container with brown mailing paper or place container(s) in a larger outer container (the OPNAV 5350/2 will remain affixed to the specimen box inside). An alternate method is to wrap the shipping container with brown mailing paper and then to attach the original urine sample custody document to the outside of the container in a see-thru mailer envelope. Boxes or mailers shall be shipped to the NDSL specified by the second echelon commander or to the appropriate alternate laboratory. If applicable, priority ONE will be entered on DD 1384, Transportation Control and Movement Document, or in the "Description of Contents" block on the U.S. Government Bill of Lading.

e. When boxes of samples from several commands or unit coordinators are collected at a central collection point for shipment or an intermediate individual will actually enter the samples into the selected mode of shipment, the actions described above shall be performed by the collection point coordinator after he or she signs the OPNAV 5350/2 in Block 11(c) and provides a copy to the unit coordinator.

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5. Laboratory Handling

a. The commanding officer of the cognizant NDSL or the director of the DOD certified laboratory is responsible for maintaining an internal identification system to maintain accountability of specimens and samples within the laboratory.

b. A designated laboratory employee will receive the shipment of specimens and store them so that the integrity and physical characteristics are maintained.

c. An individual designated by the commanding officer or laboratory director shall open the outer wrappings, locate the OPNAV 5350/2, and visually inspect the shipping container to determine if the seals on sides, edges, and flaps were opened or tampered with while in transit. The designated individual shall then describe the condition of the shipping container in the appropriate block and sign and date the OPNAV 5350/2.

d. The designated individual shall then open the container and inventory the contents. Accountability shall be maintained on specimens as portions are transferred to sample test bottles and routed throughout the lab. The original specimen bottles, with residual urine, shall be held in a secure location until preliminary and/or confirmation testing of the samples is complete.

e. Working samples (that portion of the specimen which actually undergoes testing) shall be discarded. The residual urine and the original specimen bottle of those samples testing negative shall be discarded. The OPNAV 5350/2 will be annotated to indicate positive samples at the end of the confirmation process. The original specimen bottle, with residual urine, of those samples testing positive will be stored (frozen at -5 to -20 degrees C) for one year following issuance of the report described in paragraph 5f below, after which it may be discarded unless the laboratory is requested to retain the specimen due to pending legal or administrative proceedings. Commands requesting sample retention shall advise the NDSL when legal or administrative proceedings are completed so that unneeded specimens may be discarded. If legal or administrative proceedings are not completed within the requested period, the submitting command shall request another extension. Unless the sample is ordered retained by a court of competent jurisdiction,

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in cases tried by a courts-martial, samples need not be retained beyond the date of the final action. In cases involving nonjudicial punishment, samples may be discarded following action on any appeal or upon expiration of the time period within which to file such an appeal.

f. A Report of Laboratory Urinalysis shall be forwarded to the originating command by naval message, using Report Control Symbol 5350-4, with information copies to the Armed Forces Institute of Pathology and the appropriate chain of command as specified on OPNAV 5350/2. The report will consist of at least the following elements:

(1) Identification of OPNAV 5350/2:

- (a) Locally assigned batch number (Block 5)
- (b) Date prepared for shipment (Block 6)

(2) Identification of positive findings:

- (a) Specimen number (Block 7)
- (b) SSN (Block 8)
- (c) NDSL findings (Block H)

(3) A statement that all specimens not specifically listed are negative (unless all specimens are listed).

g. The laboratory certifying official shall sign the OPNAV 5350/2, certifying that the results are accurate and have been correctly reported to the originating command.

h. The original OPNAV 5350/2, the original intra-laboratory chain of custody document (if used), confirmatory documentation (gas chromatograph/mass spectrometry tracing(s)), and a copy of the results message shall be attached together and retained by the laboratory for a minimum of 3 years. After 3 years, these records shall be disposed of locally without notification to the originating command.

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Field Test Kit Operation/Quality Assurance

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1. Operational Policy. Field testing provides the commander with the capability to screen for drugs of abuse on station. Field testing originally assisted the NDSLs by screening out negative samples at the command level. Today the NDSLs are capable of handling all Navy urinalysis requirements. To maintain control of the field testing process, the following policy is provided:

a. Management of the Navy field testing program is delegated to the Director, Navy Drug and Alcohol Program Division (Pers-63).

b. Operation of a field testing site ashore within the continental United States shall be restricted to use for investigative purposes only.

c. Overseas shore stations, deploying units and ships shall employ field testing for drug abuse screening only when unable to obtain timely results from a NDSL (i.e., PCS transfer, "A" school, etc.).

d. Field testing is prohibited for use on unit sweeps, sub-unit sweeps and random group sampling if more than five samples are to be collected.

e. Field testing is allowed for single probable cause situations, rehabilitation facility follow-up testing, and within the accession screening laboratories at the Navy Recruit Training Commands (RTCs).

f. All commands with field testing instruments shall submit an annual message report not later than 30 November to BUPERS (Pers-63) citing the location of the equipment (medical, MAA, etc.), type of equipment, reagents used, date of last operator(s) certification, number of samples screened in the past fiscal year. Report format is provided in enclosure (12).

g. The establishment of a field testing installation shall be requested through the chain of command to Pers-63. Requests will be approved by Pers-63 with technical concurrence of BUMED, provided that there is sufficient justification of the command's need for immediate drug testing results.

h. Field testing shall never be used to confirm the presence of a drug or as the sole source of evidence for punitive and/or administrative action.

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i. To remain certified, all commands using field testing instruments shall participate in the Navy field testing external quality assurance program as provided in paragraph 3b.

2. Equipment Operation

a. Only the Department of Defense approved test kits and instruments shall be used.

b. Only trained, certified operators shall operate field test equipment.

c. Operator training and certification requirements:

(1) All field test equipment operators shall receive a minimum of 2 hours of hands-on instruction from the equipment manufacturer and successfully complete the appropriate Proficiency Checklist administered by the manufacturer's representative.

(2) The commanding officer shall certify in writing that the operator has completed the minimum training requirements and successfully completed the appropriate proficiency checklist. A page 13 entry to this effect shall be placed in the operator's service record. A copy of each command operator's certification shall be submitted to BUPERS (Pers-63).

(3) Each operator shall be recertified semiannually. Refresher training will be provided by the equipment manufacturer or manufacturer's designated representative. Upon completion of refresher training, the commanding officer will recertify the operator. Any operator who has not had refresher training in the last 6 months is decertified and shall receive a minimum of 2 hours of hands-on instruction from the equipment manufacturer; successfully complete the appropriate Operator Proficiency Checklist; and be recertified by the commanding officer before the operator may perform field testing.

(a) In those cases where unit deployment precludes the operator's participation in the required refresher training, the command shall request a recertification waiver in writing from the second echelon commander. The period of waiver shall not exceed 60 days.

(b) Requests for waiver of the required refresher training shall include justification and a plan of action to recertify the command operators.

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(c) If waiver is not granted, the command shall cease field testing and send all samples to their assigned NDSL.

3. Quality Assurance. The Quality Assurance program criteria for field testing is set forth in DOD Directive 1010.1 of 28 December 1984 (NOTAL). The sections below amplify the DOD guidance and are the mandatory quality control actions required for a command to remain certified for field testing.

a. Internal Quality Assurance requirements.

(1) Only manufacturer certified operator(s) shall operate the instrument and shall:

(a) Maintain a Quality Control Log Book documenting the use of the instrument, calibration of the reagents, tests conducted, amounts of reagent used, numbers of samples analyzed (recorded by SSN), and any discrepancies observed during the field testing that may prejudice the analysis.

(b) Comply with manufacturer's operating procedures.

(c) Check all reagents for expiration date and use only current reagents.

(d) The instrument must be calibrated before each specimen batch. As the testing progresses, the calibrator reading should not vary more than (\pm) 7 units. If the variation is greater than (\pm) 7 units, the instrument must be recalibrated and the batch retested.

(2) Supervisory review (executive officer recommended) shall be conducted every other month to ensure:

(a) Operator(s) are properly certified and have received refresher training from the equipment manufacturer within the last 6 months.

(b) Field test instrument quality control documentation is completed per the manufacturer's instructions and retained for a minimum of 2 years.

(c) The operator is complying with the chain of custody procedures in appendix B of this instruction.

(d) A temperature log is maintained for the refrigeration unit containing the reagents and controls. Daily temperature readings shall be recorded to ensure the validity of the reagents.

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(e) All reagents are properly stored in a secure, refrigerated area.

(f) The reagents and samples are allowed to warm/cool to room temperature before conducting testing.

(g) Manufacturer's operating instructions are followed. (Supervisor should review operating instructions and observe actual testing procedure.)

(h) Required logs and documentation for inspections have been maintained properly.

(3) The results of supervisory reviews shall be made part of the operator's certification records.

b. External Quality Assurance Program

(1) The external quality assurance program is the responsibility of the Director, Navy Drug and Alcohol Program Division (Pers-63). Technical assistance for the program will be through the Chief, Bureau of Medicine and Surgery. All commands conducting field testing shall participate in a monthly quality control program to remain certified.

(2) Commands employing field testing shall submit 10 percent of their negative samples monthly to their assigned NDSL for rescreening ensuring that each sample is properly closed, resealed with tamper proof tape, and submitted using chain of custody procedures per enclosure (4). The chain of custody form (OPNAV 5350/2) will indicate in the premise block "FT" to indicate field testing quality assurance and control samples. The NDSL will provide results to the command, Pers-63, and BUMED. If discrepancies between the field test and the NDSL results occur, the initial field test results will be reviewed by a NDSL scientist. Based on this review, one of the following actions will occur:

(a) Concurrence will be with the field test results and no further action will be taken.

(b) Field testing operations shall be inspected by a BUMED expert from an NDSL to ensure operators meet certification, that procedures of analysis are properly conducted, instrument maintenance is performed, and reagent use and storage is in accordance with manufacturer's specifications.

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(c) Based upon the results of the evaluation by the BUMED expert, Pers-63 will advise the command whether continued field testing is authorized or what remedial measures are necessary for recertification of the field testing unit.

4. Security Requirements for Field Testing. Field testing instruments and reagents shall be operated in a controlled area with limited access. Personnel requiring access will be designated in writing by the commanding officer. Only certified operators shall possess the means for accessing the field testing instruments and reagent storage areas. An official log for the space shall be maintained to document access to the space.

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DRUG SCREENING LABS

<u>Address</u>	<u>Telephone/Message Address</u>
Commanding Officer Navy Drug Screening Laboratory Naval Hospital Jacksonville, Florida 32214-5240	Autovon: 942-7760 (R) Commercial: (904) 777-7760/7761 (R) NAVDRUGLAB JACKSONVILLE FL //JJJ//
Commanding Officer Navy Drug Screening Laboratory Bldg. 38-H Great Lakes, Illinois 60088-5223	Autovon: 792-3701 Commercial: (708) 688-6862 (R) NAVDRUGLAB GREAT LAKES IL //JJJ//
Commanding Officer Navy Drug Screening Laboratory Naval Air Station, Bldg. S-33 Norfolk, Virginia 23511-6295	Autovon: 564-8089 Commercial: (804) 444-8089/8120 (R) NAVDRUGLAB NORFOLK VA //JJJ//
Commanding Officer Navy Drug Screening Laboratory Bldg. 65, 8750 Mountain Blvd. Oakland, California 94627-5050	Autovon: 828-6184 (R) Commercial: (415) 633-6175/6176 (R) NAVDRUGLAB OAKLAND CA //JJJ//
Commanding Officer Navy Drug Screening Laboratory Naval Hospital, Bldg. 26-2B San Diego, California 92134-6900	Autovon: 522-9372 (R) Commercial: (619) 532-2349 NAVDRUGLAB SAN DIEGO CA //JJJ//

AREAS OF RESPONSIBILITY

NDSL Jacksonville: Those units designated by Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT) or the Commandant of the U.S. Marine Corps (CMC) and those undesignated units in geographic proximity.

NDSL Great Lakes: All activities assigned to CNET, all United States Marine Corps (USMC) accession points as designated by CMC, and selected naval activities located in the Great Lakes area.

NDSL Norfolk: Those units designated by CINCLANTFLT, CMC, or Commander in Chief, U.S. Naval Forces Europe (CINCUSNAVEUR) and those undesignated units in geographic proximity.

NDSL Oakland: Those units designated by Commander in Chief, U.S. Pacific Fleet (CINCPACFLT) or CMC and those undesignated units in geographic proximity.

NDSL San Diego: Those units designated by CINCPACFLT or CMC and those undesignated units in geographic proximity.

Note: Recruit Training Commands will send recruit accession specimens to the geographically nearest NDSL for confirmation testing.

URINE SAMPLE CUSTODY DOCUMENT

Read Instructions on Reverse Before Completion

1. Submitting Unit Message Address & UIC				A. DSL Conducting Testing	
2. Second Echelon Commander Message Address				B. Received From Shipment	C. Condition of Ship Container <input type="checkbox"/> Undamaged <input type="checkbox"/> Damaged (Describe in K)
3. Date Sample(s) Obtained		4. Geographic Location of Unit at Time of Collection		D. Name, Grade/Title & Signature of Receiving Official _____ Date _____	
5. Locally Assigned Batch Number		6. Date Prepared for Shipment		E. DSL Batch Number	F. Assigned Intra-Lab Chain-of-Custody Document Number
7. Specimen Number	8. SSN of Person Providing Specimen	9. Testing Premise	10. PTK/DAU Positive	G. DSL Accession Number	H. DSL Findings (Results Negative Unless Marked)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
11. Chain-of-Custody (Continue on reverse if necessary)				I. Report of Results (Date Time Group)	
(a) I certify that I received all specimens, verified for accuracy both the identification on each sample bottle and this chain-of-custody document; properly packaged and sealed the specimens for shipment.				J. I certify that the findings noted above are correct and have been accurately reported to the submitting unit	
Name, Grade & Signature of Unit Coordinator		Date		Name, Grade/Title & Signature of Certifying Official _____ Date _____	
(b) Released for Shipment by the Following Mode				K. Damage To Shipping Container	
Name, Grade & Signature of Releaser		Date			

URINE SAMPLE CUSTODY DOCUMENT

11 (c) Continuation of Chain Custody

Purpose of Change of Custody	Released by (Name, Grade/Title, Activity & Signature)	Received by (Name, Grade/Title, Activity & Signature)	Date

GENERAL INSTRUCTIONS

- Forward original and one copy with the urine specimens (original in envelope attached to inner sealed box or container and copy in a water proof mailer inside box or container).
- Submitting unit shall retain one copy.
- Testing laboratory shall retain the completed original for a minimum of one year.
- All unshaded entries are to be completed by the submitting unit. All shaded areas are to be completed by the laboratory.

SUBMITTING UNIT INSTRUCTIONS

Block Number

- Submitting Unit Message Address & UIC
Message address and unit identification code (UIC) of unit submitting urine samples
- Second Echelon Commander Message Address
Message address of second echelon Commander to whom submitting unit reports administratively
- Date Sample(s) Obtained
Timeframe in which sample(s) provided (MM/DD/YY)
- Geographic Location of Unit at Time of Collection
Geographic location of unit when sample(s) are obtained (i.e., Jacksonville, FL; Inport; Naples, IT; at sea; etc)
- Locally Assigned Batch Number
Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.
- Date Prepared for Shipment
Date shipping container sealed and prepared for transportation to laboratory (MM/DD/YY).
- Specimen Number
Preprinted on form
- SSN of Person Providing Specimen
Full social security number of person from whom sample obtained
- Testing Premise / Authorization
Indicate the testing premise / authorization used to conduct the test.
The following abbreviations are authorized:

INSPECTIONS	SEARCH OR SEIZURE
• RS: Random sample	• CT: Consent testing
• US: Unit sweep	• PC: Probable cause
• AT: Entrance Testing	
• OS: Other service-directed testing (specify)	FITNESS FOR DUTY
• RF: Rehabilitation facility staff testing	• CD: Command-directed
	• PD: Physician - directed
MEDICAL EXAMINATION	• SA: Official safety, mishap, accident testing
• ME: Medical examination	• RA: Rehabilitation program/aftercare testing
OTHER	• SU: Surveillance testing
• OT: Other authorized testing (specify)	• ET: Evaluation testing
- ADDITIONAL AUTHORIZED MARKINGS
 • CM: Maybe used in court-martial proceedings
 • PR: Member is in a Nuclear Power Program
- PTK/DAU POSITIVE
If screened positive by EMIT - st portable kit EMIT - DAU in the field, indicated for which drug(s) screened positive. Leave blank if not screened prior to submission to lab. The following abbreviations are authorized
 AMP = Amphetamine BAR = Barbiturate OPI = Opiate
 PCP = Phencyclidine QUA = Methaqualone COC = Cocaine
 THC = Marijuana/Hashish
- Chain of Custody (MM/DD/YY)
 (a) Certification of Coordinator
 (b) Specify the mode of accountable transportation utilized to ship specimens to the lab
 (c) If/When custody of specimens changes other than for shipment (unless hand carried), each change of custody must be documented in this block (if a continuation sheet is necessary; continuation sheet must contain the information of blocks 1, 3 and 5).

LABORATORY INSTRUCTIONS

Block Number

- DSL Conducting Testing**
Message address of NRMC drug screening lab which will report out the findings
- Received from Shipment**
Identify the accountable mode of transportation utilized in shipping the samples to the lab
- Condition of Shipping Container**
Indicate undamaged/damaged. Describe damage in block K.
- Receiving Official**
Name grade/title & signature of official receiving the shipment for the lab and date received.
- DSL Batch Number**
If used by the lab indicate batch number assigned to the samples listed on this form
- Assigned Intra-Lab Chain of Custody Document Number**
If used by the lab, identify the chain of custody document which tracks samples through the lab.
- DSL Accession Number**
Sequential number assigned to each sample.
- DSL Findings**
Indicate for which drug(s) confirmed positive (leave blank if negative or affix stamp indicating results negative)
- Report of Results**
Date time group of message informing submitting command of results of lab testing.
- DSL Certifying Official**
Certifying official and date
- Damage to Shipping Container**
Describe damage to container if "damaged" marked in C.

Sample Page 13 Entry

(Date) : I have been briefed this date on the following:

- (1) Navy policy on drug and alcohol abuse as set forth in OPNAVINST 5350.4B
- (2) Legal and administrative consequences of illicit drug use
- (3) Effects of drug and alcohol abuse on discipline and combat readiness
- (4) Legal and administrative consequences of drug trafficking
- (5) Physical and psychological effects of drug and alcohol abuse
- (6) The Navy's urinalysis screening program

I have read the "Drug and Alcohol Abuse Statement of Understanding" and certify that I understand all the information contained therein.

(Signature of Member)

Sample Page 13 Entry for Accession Level Urinalysis Positive

_____(DATE)_____: I am advised that I have been identified, through urinalysis testing, to be a drug abuser. I understand, effective this date, that I will be placed on a drug urinalysis surveillance program and tested on a regular basis during the remainder of my assignment(s) in the training pipeline not to exceed 180 days from my entry on active duty. I further understand that a second drug abuse incident will normally result in immediate processing for separation from the naval service. (R

Member's Signature

Witnessed: _____

Voluntary Self-Referral for Drug Abuse Rehabilitation

1. Policy

a. Voluntary self-referral for counseling, treatment, or rehabilitation is a one-time procedure that enables those who feel they may be drug dependent, and want help, to obtain help without risk of disciplinary action. Members identified through self-referral shall be eligible for treatment on the same basis as members whose drug use is disclosed by other means. For purposes of this instruction, voluntary self-referral for drug abuse constitutes an incident of drug abuse. Self-referral does not preclude administrative discharge processing nor the provisions of OPNAVINST 5510.1H with regard to security clearance. (A)

b. Members subject to mandatory urinalysis in conjunction with participation in a Level II counseling program or Level III rehabilitation program for drug abuse or subject to aftercare or surveillance urinalysis testing (see enclosure (4)) are ineligible to participate in the self-referral program established by this enclosure. Any member who has been notified of the requirement to submit, or has actually submitted, a urine sample for analysis under any testing premise is likewise ineligible to participate in the self-referral program until the results of his/her current urinalysis are received by the command and any possible disciplinary or administrative actions are taken. Use of disclosures of prior drug abuse made by ineligible members is not limited by the provisions of paragraph 4. (R)

2. Self-referral. Military members who seek counseling or rehabilitation for the specific problem of drug abuse may initiate the evaluation and treatment process by disclosing the nature and extent of their drug abuse to a physician or clinical psychologist, or qualified self-referral representative who is actively employed in his or her capacity as a self-referral representative at the time of the initial disclosure, described in paragraph 3 below. Qualified self-referral representatives are limited to the following personnel:

- a. Drug and Alcohol Program Advisor;
- b. Navy Drug and Alcohol Counselor Intern; (R)
- c. Navy Drug and Alcohol Counselor; and (R)
- d. Counseling and Assistance Center Director/Assistant. (A)

3. Initial Disclosure. Initial disclosures are admissions of previous drug abuse made to a physician or clinical psychologist, or qualified self-referral representative for the sole purpose of obtaining counseling, treatment or rehabilitation under the self-referral program. Immediately after initial disclosure, the physician or clinical psychologist, or qualified self-referral representative to whom the disclosure is made shall notify the member's commanding officer by letter; see appendix A. The commanding officer shall determine whether the drug abuse will affect the individual's clearance eligibility. If it does, the commanding officer shall suspend access authorization pending completion of drug rehabilitation and shall notify DON CAF of access suspension.

4. Limitations on use of Self-Referral Information. The following information, and information derived directly or indirectly therefrom may NOT be used for disciplinary purposes nor on the issue of characterization of service in separation proceedings, except when used for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the member:

a. The fact that a member voluntarily requested counseling, treatment, or rehabilitation under the provisions of paragraphs 2 and 3;

b. Evidence of personal use, or possession of drugs incident to such use, made during the course of self-referral under paragraph 2 and 3.

In addition, such information may not be used as a basis for vacation of the suspension of execution of punishment imposed under UCMJ Article 15, or as a result of a court-martial; nor as a basis for vacation of the suspension of an administrative separation under other than honorable conditions. Use of information disclosed to persons other than those identified in paragraph 2, above, is not limited by this provision. Information disclosed in response to official questioning in connection with any investigation or any administrative or disciplinary proceeding is not considered to be information disclosed for the purpose of seeking or obtaining treatment or rehabilitation, and the use of such information is not limited by this provision. See enclosure (10) for limitations on use of information disclosed during counseling, treatment or rehabilitation.

5. Disciplinary and Administrative Action Not Precluded

a. Actions based on independent evidence. Voluntary self-referral for counseling, treatment, or rehabilitation does not exempt a member from disciplinary action or adverse administrative action, and constitutes an incident of drug abuse. Notwithstanding a member's self-referral, appropriate disciplinary or administrative action, including separation under other than honorable conditions, may be taken against the member for drug abuse occurring either before or after self-referral, if based upon independent evidence. "Independent evidence" is evidence not derived, directly or indirectly, from self-referral disclosures or disclosures made during the course of counseling, treatment, or rehabilitation.

b. Other administrative action. Nothing in this enclosure shall be deemed to preclude commanding officers from administratively processing for separation for drug abuse those members who are medically diagnosed as drug dependent and who fail to demonstrate exceptional potential for future useful service, or for rehabilitation failure, or both. Separations for drug abuse based solely upon self-referral disclosures and medical diagnosis of the member as drug-dependent, and separations based solely upon rehabilitation failure must be characterized as honorable or general. See Matrix Delta in appendix A to enclosure (7) for further guidance.

6. Confidentiality. Further guidance concerning the confidentiality of disclosed information is contained in enclosure (10).

Sample Notification Letter

COMMANDING OFFICER'S EYES ONLY

From: (Qualified self-referral agent as defined in paragraph 2 of enclosure (5) (include name and facility), physician or clinical psychologist (name and facility), DAPA/NDAC (name and command to which attached)), or CAAC (name and facility)

To: Commanding Officer, _____ (member's commanding officer)

Subj: VOLUNTARY SELF-REFERRAL FOR REHABILITATION

Ref: (a) OPNAVINST 5350.4B

1. Per reference (a), you are hereby notified of the Navy Alcohol and Drug Abuse Program (NADAP) self-referral for rehabilitation of the following member:

Name	Rate/Rank	SSN
------	-----------	-----

2. Self-referral was initiated _____ (date) at _____ (time).

3. Per enclosure (7) to reference (a) and, in consultation with local resource personnel, an Alcohol and Drug Abuse Program Entry Statement shall be prepared for the above member by his/her command, setting forth a specific Drug and Alcohol Abuse Program rehabilitation regimen. It is also a command function to monitor the self-referred individual and facilitate his or her successful regimen completion and return to full duty.

4. (Other comments.)

(Signature of letter originator)

Appendix A to
Enclosure (5)

Prevention and Rehabilitation Programs

1. Policy Overview

a. The Navy recognizes that alcohol and other drug abuse and dependence are preventable and treatable conditions. Commands are responsible for identifying the abuser or dependent person, obtaining a proper dependency evaluation, and ordering the individual into the appropriate level of care whether or not he or she first seeks or volunteers for treatment. Enclosure (7) specifies criteria for various rehabilitation levels. Commands should employ the most cost-effective level that best ensures the member's successful return to full duty while realizing a minimal loss of the individual's skills to the command. Members with exceptional potential for continued useful service, who are alcohol or drug dependent or identified as alcohol or drug abusers, shall receive short term, remedial education, counseling or rehabilitation services commensurate with the evaluated degree of abuse or dependency. In determining whether an individual has exceptional potential for further service, commanders should realize that observed motivational, performance, and conduct deficiencies are symptomatic of abuse or addiction.

b. Alcohol and other drug abuse or dependence are effectively addressed in most cases through leadership, discipline, education, outpatient counseling, and residential rehabilitation programs followed by conscientious aftercare. It is a primary function of the treatment program to overcome the individual's denial of a problem and to restore him or her to productive duty with a positive, healthy lifestyle. Discipline, as appropriate, and process for separation drug traffickers and those alcohol and drug abusers who cannot or will not be rehabilitated and restored to useful service. When an individual being processed for separation is diagnosed as alcohol or drug dependent, refer him or her to the Veterans Administration (VA) at the time of separation (see enclosure (7)). For information on VA eligibility and referral procedures, the cognizant command should consult COMNAVMILPERSCOM (Attn: NMPC-8).

2. Alcohol and Drug Abuse Program Levels. The Navy provides alcohol and drug abuse programs within the organizational structure as defined in enclosure (2). Commanding officers are responsible for designating the appropriate level of treatment based on CAAC, medical and DAPA recommendations.

a. Level I: Local Command Programs. Navy commands can be highly effective in providing prevention and awareness education to all command personnel and aid to the identified non-dependent drug/alcohol user. The DAPA, as primary assistant to the commanding officer in drug and alcohol abuse matters, coordinates drug and alcohol abuse program elements at the command level. The DAPA's duties and responsibilities are outlined in enclosure (2). The Level I program consists of both prevention and intervention efforts such as those described below:

(1) Prevention efforts include:

(a) ensuring all hands awareness of the consequences of drug/alcohol abuse

(b) urinalysis testing (enclosure (4))

(c) use of drug detection dog teams (enclosure (3))

(d) inspections (paragraph 3c of enclosure (3))

(e) structured awareness education programs
(enclosure (11))

(f) leadership (positive role modeling) at all command levels

(g) NADSAP when available, should be used in a pro-active manner for non-incident personnel.

(2) Intervention efforts include:

(a) discipline (civilian/military)

(b) administrative screening (enclosure (7))

(c) referral of personnel to screening at local CAAC or to other appropriate Navy or civilian programs

(d) disposition determination

(e) medical identification and intervention

(f) NADSAP (when available)

(g) inspections (e.g., urinalysis)

(h) individual evaluations (e.g., fitness for duty and field sobriety test)

(i) aftercare program monitoring.

(A

b. Level I: NADSAP

(1) NADSAP is a primary element in command prevention and intervention programs. Once begun, attendance at the 36-hour NADSAP program is mandatory; the CAAC/NADSAP director will report attendance to the command. With the exception of individuals attending NADSAP for educational purposes, commands must refer the individual to the nearest CAAC for evaluation, and provide the CAAC evaluation to the NADSAP office. When required by military or civilian court action, NADSAP will provide follow-on correspondence to the courts (e.g., DWI school/Level II or III completion notices, probation requirements, etc.). Commanding officers may order individuals to attend the NADSAP course involuntarily.

(2) The following priority levels govern student admission to ensure the most cost-effective use of NADSAP resources:

(a) Priority I - identified alcohol or drug abusers referred as a part of command Level I intervention or as a result of an incident.

(b) Priority II - junior enlisted personnel referred as part of a command's prevention program.

(c) Priority III - officers and senior petty officers, alcohol and drug program staff, supervisors, and other management personnel to enhance their supervisory/management skills.

(d) Priority IV - individuals who request NADSAP for information or educational credit. Such individuals must:

- be a servicemember, DOD employee or dependent,
- be at least 17 years old, and
- meet the eligibility criteria of the institution granting credit for the program.

c. Level II: Counseling and Assistance Center (CAAC) Programs. This level of counseling and referral is designed for those personnel who may not have been evaluated as drug or alcohol

dependent, but whose degree of abuse requires attention beyond the capacity of Level I programs.

(1) Programs at Level II consist of:

- (a) clinical screening by qualified screener (CAAC counselor (NOBC 3350 or NEC 9522 or 9519))
- (b) referral to all program levels and resources
- (c) therapeutic counseling
- (d) outreach assistance
- (e) education.

(2) Referral to Level II. Before entering a member in Level II treatment, the command must schedule the member for a clinical screening/evaluation with a qualified CAAC counselor, psychologist, or physician, and a dependency determination by a physician or clinical psychologist. Prior to screening, the command shall provide the following information to the CAAC director:

(a) A statement as to the reason for referral (e.g., supervisor observation, etc.) using the Navy Clinical Package forms R) A-1 and A-2 along with a copy of the member's pending Drug/Alcohol Abuse Report (DAAR) if the referral is the result of a reportable incident.

(b) Additional documentation of member's drug or alcohol abuse problem, including current professional performance and personal conduct evaluations, as well as service and health records.

(c) Self-appraisal of the member's drug or alcohol abuse problem, if available.

(3) After the CAAC evaluation, ensure a copy of the CAAC evaluation summary is provided to the physician or clinical psychologist who makes the dependency determinations. A copy of the medical diagnosis based on the Diagnostic and Statistical Manual of R) Mental Disorders (Third Edition) (Revised) (DSM-III-R) or International Criteria for Diagnoses (ICD-9) is required for entry into a Level III program.

R) (4) Commands will ensure that a member awaiting Level III

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residential rehabilitation is screened for dependency by a physician or clinical psychologist and receives intermediate assistance from a Level II facility.

(5) The length of the member's program at Level II is fixed by the CAAC Director, subject to concurrence of the member's commanding officer. It normally shall not exceed 4 weeks for newly assigned clients, although CAAC services may be used for longer periods when specified as part of an aftercare program. The CAAC counselor verifies the member's attendance at each counseling session.

d. Level III: Residential Rehabilitation Programs

(1) General. Residential rehabilitation is designed for those members who are evaluated and diagnosed as drug or alcohol dependent by a physician or clinical psychologist. The basis for diagnosis should be consistent with current DSM guidelines. Level III is reserved for individuals who possess, in the opinion of their commanding officers, exceptional potential for continued useful service. See enclosure (7) for specific eligibility criteria. Personnel who do not meet the diagnostic criteria for alcohol or other drug dependency will not be admitted for treatment at a residential facility. Level III facilities have a licensed professional therapy staff, including a physician and/or clinical psychologist. Residential rehabilitation programs reflect a multidisciplinary therapeutic approach and are normally 6 weeks long. NOTE: For details on policy relating to Level III treatment for obesity, see OPNAVINST 6110.1D. (R)

(2) Referral to Level III. Once the diagnosis of alcohol dependency is made by a physician or clinical psychologist, commands should contact the nearest Level III facility directly for a bed quota. If the primary diagnosis is drug dependency, contact Naval Alcohol Rehabilitation Center (NAVALREHCEN) Miramar, San Diego, California. CAACs will provide the facility with a copy of the Navy Clinical Package and DAAR, if applicable, prior to transfer. If Level III residential rehabilitation is not available within the immediate geographic area of the member's command or if the local residential facility is unable to accept the member within a time frame acceptable to the command, the command should request a bed quota from the next closest Level III facility. Once a bed quota is obtained, the command shall contact the nearest military medical treatment facility (MTF), which will coordinate with the Armed Services Medical Regulating Office (ASMRO), if within CONUS, or the Joint Medical Regulating Office (JMRO), if OCONUS, and the parent (R)

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command for transportation of the member to the Level III treatment facility. The ASMRO/JMRO systems are utilized to coordinate transportation of patients to the treatment facility and return them to their duty station or point of origin upon completion of treatment.

(a) Commands shall provide to the MTF as a minimum:

- Patient's name, rank, SSN, sex, and branch of service (when applicable).
 - Identification of parent command.
 - Location of spouse or family member if joint treatment is indicated.
 - Diagnosis, including any significant secondary diagnosis (diagnostic code number is not adequate). Commands shall confirm that the member was screened by a qualified DAPA or CAAC and was diagnosed as dependent by physician or clinical psychologist.
 - Name of accepting Level III facility and its location.
 - Name of accepting physician at Level III facility.
 - Dates of treatment (e.g., 1-30 Jan).
- A)
- A)
- A)

R)

(b) The MTF shall give the above information to ASMRO/JMRO along with any supplemental information deemed appropriate.

(c) The MTF shall also provide detoxification and preliminary rehabilitation, if indicated.

R)

(d) When immediate hospitalization is not required, retain the member at the parent command while awaiting transportation to the Level III facility. When ship movements dictate, the parent command will coordinate with the MTF and the nearest naval station for temporary arrangements to ensure the member's availability for transfer to a NAVALREHCEN/ARD on the mission transfer date. The command may wish to use Level II facilities and programs pending availability of Level III bed space.

R)

(e) When the MTF receives the flight assignment, the MTF shall notify the member's command to effect transfer of the member (TAD-TREAT) to the designated Level III site via the aeromedical evacuation (AEROVAC) system.

R)

(f) A member will usually be returned to his or her parent command upon successful completion of

rehabilitation. In those rare cases where the parent command is unable to provide adequate aftercare support, the command shall request COMNAVMILPERSCOM to reassign the member. If additional problems are discovered during treatment, the treatment facility may, after notifying the parent command, change a member's status from TAD-TREAT to TEMDU and recommend to COMNAVMILPERSCOM either discharge or reassignment.

3. Aftercare

a. The rehabilitation facility staff shall prepare a written aftercare plan during the terminal phase of the Level II or III program to aid in the client's continuing recovery following completion of the formal counseling/rehabilitation program. See appendix E to this enclosure. Commands are responsible for implementing and actively supporting aftercare programs. There may be some circumstances where operational commitments may force the unit commander to modify the implementation of the aftercare plan. The plan shall be individually tailored to each client's needs, not (R) so burdensome or demanding as to guarantee failure, and may include, but is not limited to:

- (1) contact with the command DAPA on a periodic basis
- (2) participation in a formalized aftercare group at the Level II facility servicing the command (if available)
- (3) continued disulfiram (antabuse) therapy for members diagnosed as alcohol dependent and for whom antabuse is prescribed by a physician (see BUMEDINST 5353.3 (NOTAL) Use of Disulfiram (Antabuse)) (A)
- (4) maintenance of an aftercare urinalysis testing program (see enclosure (4))
- (5) participation in Alcoholics and/or Narcotics Anonymous, if available
- (6) participation in any additional rehabilitative programs, if warranted, based on client needs identified during alcohol or other drug abuse rehabilitation, such as marriage or financial counseling, Parents United, or sexual offenders groups
- (7) recommendation for family members' participation in follow-on rehabilitative assistance programs, such as Al-A-Fam, Al-Anon, Alateen, etc.

b. Residential and nonresidential alcohol and drug abuse counseling/rehabilitation facilities shall provide the written aftercare plan to the client's commanding officer concurrently with the client's completion of the Level II or III program. The commanding officer shall forward a copy of the aftercare plan to the Level II facility servicing the command (if available).

R) c. Personnel who successfully complete the formal Level II or III program shall remain in an aftercare status for the duration of their naval career (active and inactive duty). For the first year of recovery, the member will be in a formal command-sponsored aftercare program during which a committee composed of the member, the DAPA and the commanding officer or representative shall evaluate the member's progress quarterly. Any alcohol or drug-related incidents occurring at any future time in a member's career (active and inactive) will normally be viewed as a corresponding rehabilitation failure and may subject the violator to administrative separation.

R) d. Nothing in this instruction is intended to deny members treatment solely because they will not have sufficient time remaining in their current enlistment to complete the formal aftercare program following completion of residential treatment. Waivers of the one year formal aftercare program requirement may be requested from COMNAVMILPERSCOM (NMPC-63).

R) e. Commanding officers shall support the member's efforts in all treatment and aftercare programs. The DAPA will coordinate and monitor the command formal aftercare program and maintain member's aftercare records. Recovering alcoholics and drug abusers are frequently motivated to help other personnel recovering from alcohol and drug abuse. Newly rehabilitated personnel should not fill formal positions in the command's alcohol and other drug abuse program prior to having a minimum of two years continuous abstinence.

f. Changes in duty station do not eliminate the requirement for continued aftercare. The losing command shall provide the gaining command a copy of the member's aftercare plan and records.

R) 4. Counseling and Rehabilitation Limitations. A member may be admitted to Level I and II more than once, provided the member's commanding officer evaluates him/her as possessing exceptional potential for further useful naval service and he/she is evaluated by a qualified screener, physician, or clinical psychologist. Level III alcohol rehabilitation is normally a one-time opportunity per career. The commanding officer may recommend a refresher

period of residential alcohol rehabilitation for officers and senior enlisted (E-5 and above) in whom the Navy has a significant investment. This second admission should not be recommended unless at least two years have elapsed since the previous treatment. Exceptions must be approved by COMNAVMILPERSCOM (NMPC-63). Any alcohol incident following a second residential treatment is normally viewed as a failure to complete an alcoholism treatment program and could lead to processing for administrative separation. Any drug-related incident following initial residential treatment for drug abuse is a failure to complete a drug treatment program and shall lead to processing for administrative separation. In all cases where the command elects to retain the member, the member shall be counseled and must actively participate in the formal aftercare program until released by his/her commanding officer.

5. Family Rehabilitation. Encourage family participation to the extent feasible in the treatment process. At Levels II and III, in particular, family involvement increases the potential for successful outcome. Commanding officers should give priority to meeting family needs and advise personnel being sent to treatment that family participation in the rehabilitation process is highly desired. Lack of participation by family members shall not preclude treatment of the alcohol or drug dependent member.

a. Level II facilities shall afford family members the opportunity for education, counseling and rehabilitation on a space/time available basis. Commands shall assist families, within the limitations of existing regulations and resources, in accommodating their involvement. Educate the member on the importance of family involvement at the outset of treatment. Additional resources are available through Family Service Centers, naval hospitals and CHAMPUS providers.

b. Level III facilities shall afford family members the opportunity for education, counseling and rehabilitation on a space/time available basis. If necessary, family members can use the AEROVAC system on a space available basis for transportation to the treatment site (consult current regulations). Active duty members have first priority, family members second and retirees third. Within the limitations of existing regulations, commands shall provide a co-dependent family member administrative support, assistance with transportation, and accommodations. (R)

SAMPLE LETTER
AFTERCARE TREATMENT PLAN

(NOTE: The Drug and Alcohol Abuse Aftercare Treatment Plan for those personnel completing Level II or III treatment will be recommended by the treatment facility. It may be attached as enclosure (1) to the Drug and Alcohol Abuse Program Completion Statement.)

5350
Ser
Date

From:
To:

Subj: AFTERCARE TREATMENT PLAN

Ref: (a) OPNAVINST 5350.4B

1. Per reference (a), you are provided with the following aftercare treatment plan to assist you in your continuing recovery:

- () Meet with the command Drug and Alcohol Program Advisor (DAPA) on a weekly basis for the formal aftercare period.
- () Participation in a 12-step program, if available, three times a week for the duration of the formal aftercare period. (AA/NA/OA as applicable)
- () Participation in Al-Anon (if applicable).
- () Urinalysis testing as appropriate.
- () Participation in a formalized aftercare group for two hours per week for four weeks at the Level II facility servicing the command (if available).
- () Continue working on individual problems as documented in the residential treatment record.
- () Medical follow-up, including _____

Appendix A to
Enclosure (6)

Subj: AFTERCARE TREATMENT PLAN

- () Participation in formalized aftercare counseling at _____.
- () Participation in (additional support groups as specified) _____.
- () Family member recommendations _____.
- () Other: _____.
- () Counseling from _____ concerning professional performance and growth, including _____.

2. Should you have questions concerning your individual formal aftercare plan, you may contact your counselor by mail or telephone. Assistance is also available through your local DAPA and Counseling and Assistance Center (CAAC).

3. A copy of this aftercare treatment plan has been provided to your commanding officer and DAPA.

X _____

Copy to:

- () CO, _____
- () DAPA, _____

Acknowledgment:

Date: _____

1. I have read and understand the contents of my personal aftercare treatment plan and do/do not agree.

2. Comments: _____

(Patient Signature)

General Administrative and Disposition Procedures

1. Policy Overview. Prompt action by commands is essential to rid the Navy of abusers and restore to full duty those willing and able to abstain from further alcohol and drug abuse. After identification of a confirmed abuser, prompt screening will determine whether the member can and should be retained.

2. Enclosure Overview. The following appendices give guidance for command actions as indicated:

a. Appendix A contains step-by-step screening and disposition procedures covering all enlisted and officer cases except new accessions and students.

b. Appendix B applies to both officer and enlisted new accessions and students in various schools.

c. Appendix C provides additional guidance regarding Naval Reservists.

d. Appendix D covers special requirements for personnel in PRP, Submarine, Nuclear Power, Air Traffic Control and other special programs.

e. Appendix E contains sample documents necessary for program entry and exit.

3. Rehabilitation. This enclosure is concerned primarily with command actions in deciding who should receive treatment and at what level, how to enter the member into treatment, and what to do when he/she completes treatment. Information on Level I, II, and III alcohol and drug programs is contained in enclosure (6).

a. Program Levels. For maximum system efficiency, members must be treated at the lowest level consistent with (1) the degree of affliction, and (2) the impetus required to achieve behavioral turn-around. Careful screening helps the commanding officer assign proper program level. Identified drug or alcohol abusers referred to NADSAP must receive CAAC screening. Level II or III referrals must also be seen by a physician or clinical psychologist for psychological/physical dependency diagnosis and to determine need for detoxification. Admission to Level III requires that the individual meet clinical criteria for diagnosis as alcohol or drug dependent. (R)

Enclosure (7)

- A) b. Level II and Level III treatment includes a one-year period of formal aftercare following completion of the formal outpatient or residential phase of treatment. Prior to referral to Level II or Level III treatment, commands shall ensure that the member will have at least one year of obligated service remaining. The member may either reenlist or extend his/her enlistment, as appropriate, to meet that requirement. Alcohol and drug dependent members may reenlist if they meet requirements of MILPERSMAN 1040300; they may extend their enlistment if they meet the requirements of MILPERSMAN 1050150. Alcohol or drug dependency does not physically disqualify a member from reenlistment or extension of enlistment. Where a member cannot, or will not, reenlist or extend his/her enlistment to have one year remaining, the command shall submit a request for waiver of this requirement to COMNAVMILPERSCOM (NMPC-63). Nothing in this instruction is intended to deny members treatment because they have less than one year remaining in a current enlistment after completing treatment.

c. If, after evaluation by the Level III treatment facility, a member is found not amenable to rehabilitation, the local Personnel Support Detachment (PSD) may alter the member's status from TAD-TREAT to TEMDU. The local PSD normally will process the member for discharge only if the member's command is in a deployed or deploying status. In other cases the rehabilitation facility will return the member to the parent command for separation processing or other appropriate administrative action. See enclosure (1) for the definition of rehabilitation failure.

4. Post-rehabilitation Procedures

- a. Upon satisfactory completion of Level II or III rehabilitation, the member's parent command will commence close observation of the member's performance and conduct during the formal one-year aftercare period (see Sample Drug and Alcohol Treatment Completion Statement at appendix E). If the member is transferred prior to completing the aftercare program, the detaching command's DAPA shall provide the aftercare plan to the receiving command's DAPA.
- R) b. Use procedures in appendix A for any member involved in a subsequent alcohol or drug abuse incident or who suffers a relapse of alcoholism. See matrices Alpha or Delta at the end of appendix A for rehabilitation eligibility. In the case of members treated for alcoholism, a return to drinking is viewed with concern. Alcohol use in itself is not illegal. Rehabilitation failure is defined in enclosure (1). Rehabilitation failure may result in

processing for administrative separation. If diagnosed alcohol or drug dependent by a physician or clinical psychologist, afford the eligible member who requests treatment in writing the opportunity for rehabilitation by the Veterans Administration (see Matrices Alpha and Delta). Members processed for alcohol/drug rehabilitation failure must also be processed for all civil/military misconduct, if applicable, in the current enlistment. (A)

c. Successful completion of the formal program by the member may restore eligibility for reinstatement in some special programs. (R)

Disposition of Non-Accession Officers and Enlisted Members

1. Problem Identification

a. Alcohol Abuse

- Have member promptly evaluated (see paragraph 2). For inactive duty reservists, see appendix C to this enclosure.

b. Drug Abuse

- Disqualify drug abuser from PRP, submarine, nuclear power, Air Traffic Control and other special programs; terminate special duty assignment pay, when applicable.
- Document circumstances of confirmed drug use, possession, or trafficking in a special performance evaluation or fitness report as required by NAVMILPERSCOMINST 1616.1A or NAVMILPERSCOMINST 1611.1.
- Have member promptly evaluated (see paragraph 2). For inactive duty reservists, see appendix C to this enclosure.

2. Evaluation Steps

a. Task a physician, a clinical psychologist, or a CAAC screener to provide a written evaluation to:

- Determine the nature and extent of abuse. Dependency evaluation is a CAAC screening procedure. Diagnosis of dependency or non-dependency is a medical procedure made by a physician or clinical psychologist. (A
- Evaluate member's potential for further useful service from a psychological, clinical, and attitudinal perspective.
- Recommend level of education, counseling or rehabilitation needed, if any.

b. The commanding officer should provide the screener with the member's medical and service records to assist in the evaluation process. Also, give all subsequent summary evaluation comments to the physician or clinical psychologist to help in making a dependency diagnosis (see Enclosure (6) paragraph 2c(2)).

3. CO's Decision-Making Process

a. Evaluate all evidence and recommendations

- Medical personnel/CAAC/DAPA
- Department Head, Division Officer, Leading Petty Officer, Chaplain
- Interview the member and the member's family if appropriate and feasible
- Service record
- Performance marks
- Disciplinary history
- Advise the Department of the Navy Central Adjudication Facility (DON CAF) when a member possesses a clearance or occupies a sensitive billet
- Navy investment in training and experience

b. Determine eligibility for retention and rehabilitation

- Alcohol incident, consult Matrix Alpha at the end of this enclosure
- Drug-related incident, consult Matrix Delta at the end of this enclosure

c. Findings

- R)
- Member does not have exceptional potential for further service and/or is ineligible for retention (go to paragraph 4a)
 - Member has exceptional potential for further service and is eligible for retention (go to paragraph 4b)

4. Action

a. Process for Separation

- R)
- Initiate disciplinary action, as appropriate. If member is administratively processed, an other than honorable (OTH) discharge may be granted with or without prior disciplinary action.
 - Submit a Drug and Alcohol Abuse Report (DAAR) (see enclosure (12)).
 - If member was diagnosed drug or alcohol dependent by a physician or clinical psychologist, commanding officer should contact COMNAVMILPERSCOM (NMPC-83) for guidance concerning rehabilitation through the Department of

Veterans Affairs (DoVA).

- Initiate separation processing per MILPERSMAN Chapter 36 or SECNAVINST 1920.6A as applicable. Ensure the dependency evaluation is included in the case submission. (R)
- Consider Enlisted Bonus/Selective Reenlistment Bonus recoupment under the provisions of Department of Defense Pay Manual paragraph 10942, if applicable.

b. Retain

- Initiate disciplinary action, as appropriate, including formal warning (for enlisted, see sample page 13 warning at appendix E).
- Temporarily suspend alcohol dependent member from PRP, submarine, nuclear, Air Traffic Control and other special programs pending rehabilitation outcome. Terminate special duty assignment pay, as appropriate. See appendix D.
- Permanently disqualify drug abusers from Nuclear Power and Air Traffic Control programs. Terminate special duty assignment pay, as appropriate. See appendix D.
- Complete other essential administrative actions (e.g., revoke security clearance, if appropriate).
- Decide level of education, counseling, or rehabilitation warranted. Consult Matrix Alpha or Matrix Delta for eligibility and review recommendations obtained in prior Evaluation and Decision steps.
- Submit a Drug and Alcohol Abuse Report (DAAR) (see enclosure (12)).
- Issue Drug and Alcohol Abuse Program Entry Statement (see sample at appendix E) ordering the member into the selected program. Member is ordered into the appropriate education, counseling, or rehabilitation program and need not volunteer.
- Consider family participation in the rehabilitation process (see enclosure (6) paragraph 5).

5. Drug and Alcohol Program Entrya. Level I

- Initiate the regimen ordered in the Program Entry Statement (see enclosure (7), appendix E).

- Execute a new Drug and Alcohol Abuse Program regimen if, after assignment to Level I, the member evidences need for Level II counseling.

b. Level II

- Complete all disciplinary and/or administrative actions.
- Initiate the regimen ordered in the Program Entry Statement.

c. Level III

- R) - Complete all disciplinary and/or administrative actions, to include extension of enlistment, as necessary.
- Initiate the regimen ordered in the Program Entry Statement.
- Contact the nearest Level III facility for a bed quota.
- R) - Ensure that a member awaiting transfer to a Level III facility receives intermediate assistance from a Level II facility and reflect that in the Program Entry Statement regimen.
- If the member is medically unfit for strenuous physical activity, so note in the member's medical record.
- Conduct a seabag inspection and ensure the member has civilian clothing appropriate for self help AA meetings in a civilian setting.
- Deliver the member to the departure site with seabag, orders, records (pay, service, medical, and dental and CAAC client file). Double wrap and seal all files and records to prevent tampering, or use express mail or courier for delivery in advance of patient arrival.

6. Drug and Alcohol Program Completion

a. Satisfactory

- R) - Submit a Program Information Form to document completion of NADSAP plus Level II and Level III treatment only (CAACs/ARDs/NAVALREHCENS). DAPAs will retain Level I (excluding NADSAP) completion records locally.
- Execute a Program Completion Statement (see sample at appendix E) for personnel, including returning or newly

reporting members, who have completed Level II or III rehabilitation.

- The commanding officer or executive officer should personally advise a member who is temporarily suspended or disqualified from a special program concerning eligibility for reinstatement and discuss alternative career options. Make appropriate record entry. Drug abusers are permanently disqualified from Air Traffic Control and Nuclear Power Programs.

b. Unsatisfactory

- A member who refuses to participate and cooperate in the rehabilitative or aftercare process or incurs a subsequent incident may be processed for administrative separation. Further, he/she should also be processed for all civil/military misconduct, if applicable, in the current enlistment.

MATRIX ALPHA - ALCOHOL ABUSE

RETENTION AND REHABILITATION ELIGIBILITY FOR
NON-ACCESSION OFFICERS AND ENLISTED MEMBERS

EXCEPTIONAL POTENTIAL FOR FURTHER SERVICE	ALCOHOL DEPENDENT			NON ALCOHOL DEPENDENT		
	1ST INC	2ND INC	3RD INC	1ST INC	2ND INC	3RD INC
NO	PROCESS* (note 1)	PROCESS* (note 1)	PROCESS* (notes 1 and 2)	PROCESS*	PROCESS*	PROCESS*
YES	LVL III	LVL III (note 3)	PROCESS* (notes 1 and 2)	LVL I or LVL II	LVL I or LVL II	PROCESS* (note 2)

* Process for separation if the member meets criteria for administrative separation set forth in Chapter 36 MILPERSMAN. If a member does not currently meet the criteria, contact NMPC-242 or NMPC-83 for guidance.

NOTES:

1. Offer VA treatment. Contact COMNAVMILPERSCOM (NMPC-83) for guidance. A member diagnosed as alcohol dependent within the first 180 days of Navy service can be processed for "defective enlistment and induction - erroneous enlistment" under MILPERSMAN 3620280 if there is no misconduct in the record which meets criteria for processing by reason of misconduct (MILPERSMAN 3630600 and 3630620). A member of the Naval Reserve not on active duty has no specific right to VA treatment; see appendix C to Enclosure (7).

2. An individual who incurs a third alcohol incident any time during his/her career, whether dependent or not, is generally considered to have no potential. The decision to initiate administrative separation proceedings, however, remains with the Commanding Officer and the member must meet criteria for administrative processing. See MILPERSMAN Chapter 36 for information concerning favorable and unfavorable reasons for processing for an administrative discharge. Commands must consider all factors in each case being reviewed, especially an assessment of whether appropriate action was taken by the member's command subsequent to the earlier incidents (e.g., screening, NADSAP, Level II counseling, Level III treatment, etc.).

3. A second level III rehabilitation opportunity may be offered to those personnel who are highly motivated and demonstrate exceptional potential for further service. These personnel are usually officers and more senior petty officers (E-5 and up) in whom the Navy has a great investment. The second period of level III rehabilitation will not normally commence until two years have passed since the initial treatment.

MATRIX DELTA - DRUG ABUSE

RETENTION AND REHABILITATION ELIGIBILITY FOR NON-ACCESSION
OFFICERS AND ENLISTED MEMBERSEXCEPTIONAL
POTENTIAL FOR
FURTHER SERVICE

DRUG DEPENDENT

NOT DRUG DEPENDENT

NO

	1st INC (note 1)	2nd INC (note 1)
ALL OFFICERS	PROCESS* (note 2)	PROCESS* (note 2)
ALL E4-E9	PROCESS* (note 2)	PROCESS* (note 2)
E1 - E3	PROCESS* (note 2)	PROCESS* (note 2)

1st INC (note 1)	2nd INC (note 1)
PROCESS*	PROCESS*
PROCESS*	PROCESS*
PROCESS*	PROCESS*

YES

E1 - E3	PROCESS* (note 2)	PROCESS* (note 2)
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LEVEL I or LEVEL II	PROCESS*
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* PROCESS FOR SEPARATION: a second incident requires mandatory processing in ALL cases.

NOTES:

- Count all of the member's drug incidents on or before 1 November 1985 as a single incident. For administrative discharge characterization purposes, count incidents in current enlistment only; use prior incidents to assess member's potential for further service and for diagnosis of dependency. For further guidance, see MILPERSMAN 3610200 and 3610300.
- Offer VA treatment. Contact COMNAVMILPERSCOM (NMPC-82 or NMPC-83) for guidance. A member of the Naval Reserve not on active duty has no specific right to VA treatment; see appendix C to enclosure (7).

Disposition of New Accessions/Students in Training1. General Policy

a. Take disciplinary action prior to separating any member convicted of drug trafficking. Such action may not be necessary or (R) appropriate before processing a new member for personal use or possession of illegal drugs.

b. The enlistment or appointment of any person determined to have been dependent on alcohol or other drugs at the time of such enlistment or appointment shall be voided as a release from custody or control of the naval service. A person whose enlistment or appointment is voided shall be referred to a civilian treatment facility. Personnel who refuse to be tested or evaluated shall be discharged.

c. Positive results from a urinalysis test conducted within 30 days of entry on active duty are not usable for disciplinary action or to characterize a discharge, but may be used for administrative actions and/or to initiate separation proceedings.

d. Normally process for separation any member who, after the (R) initial dependency evaluation is diagnosed as not alcohol dependent but at some later time (which does not exceed 180 days after initial entry on active duty (IEAD)), is diagnosed as alcohol dependent by a physician or clinical psychologist. Process for separation any member who, within 180 days of IEAD is diagnosed as drug dependent by a physician or clinical psychologist. The diagnosis itself may exceed the 180-day limit if based upon an incident committed within the 180-day period. The reason for processing will be under (R) "defective enlistment and induction - erroneous enlistment," and if the member has misconduct in the record, he/she must also be processed on the basis of the misconduct.

e. Reservist recalls-to-active-duty (other than for active duty for training and Delayed Entry Program participants) shall undergo an entrance (or re-entrance) test for drugs in the same manner as recruits. Confirmed positive results will be treated in a similar manner as confirmed positive results for active duty members except that disciplinary action may not be taken unless it can be determined that the abuse occurred during a time when the reservist was subject to the UCMJ.

f. If the identified abuser is being considered for retention, when feasible, immediately order him or her into a Level I or II

program, as appropriate (see enclosure (6) and appendix A of this enclosure for procedures). If member is being retained and is transferred before completing the prescribed regimen, notify receiving command to assure continuation of the treatment process.

g. Submit a DAAR as directed in enclosure (12) to document each incident of drug or alcohol abuse.

2. Discharge Policy for New Accessions

a. Enlisted Personnel. The basis for discharge of enlisted members is established by DOD policy memorandum of 8 May 1989 (Policy on New Entrant Drug and Alcohol Testing and Dependency Evaluation) (NOTAL). For other than dependency reasons, the discharge shall normally be erroneous enlistment (uncharacterized). Commands are not precluded in appropriate cases from taking disciplinary action against a member or processing a member for discharge, with or without a characterization, under an alternative basis, if applicable. The counseling requirement for separation based on Entry Level Performance and Conduct has been waived for the purpose of drug and alcohol entrance testing. Follow the criteria set forth in this instruction to identify members as drug abusers. In the case of recruits, NAVETs and new accessions to the Navy, a claim of unknowing use or administrative error must be established by clear and convincing evidence and be ratified by NMPC-63 and in cases where the member is authorized by competent medical authority to use the drug identified, by a valid medical prescription for that drug.

R) (1) Process for entry level separation any recruit, NAVET or OSVET identified as a drug abuser based on a confirmed positive entrance test result for any drug. Exception: for only the most exceptionally deserving new recruit cases where the RTC commander believes an individual testing positive for THC has truly unique and exceptional potential for successful naval service, a selective retention waiver may be requested by message to COMNAVMILPERSCOM. In these events, anticipated to be small in number, the decision to retain the recruit will be made personally by the Commander, Naval Military Personnel Command.

(2) Disenroll from the program recruits enlisted into a nuclear power program who are identified as drug abusers based on confirmed positive entrance test results. Process the member as a non-nuclear program recruit per appropriate paragraph above. Any enlisted bonus due shall not be paid until entrance urinalysis test results are received and verified negative.

(3) Discharge personnel confirmed positive at a 0.05 percent blood alcohol level unless the cognizant echelon 2 commander of his/her designee grants a waiver following an individual assessment of the particular case.

(4) During national emergencies when conscription is authorized, the Secretary of the Navy may retain inductees who test positive for alcohol or other drugs or if deemed appropriate considering all relevant factors at the time.

b. Officers

(1) Applications for appointment as a cadet or midshipmen shall be disapproved if the applicant refuses to consent to alcohol or other drug testing or evaluation, is confirmed positive for illegal drugs or controlled substances (to include THC and cocaine) or is dependent on drugs or alcohol.

(2) Appropriate disenrollment action shall be taken against an NROTC member upon refusal to consent to testing or evaluation, a positive test for illegal drugs or controlled substances (including THC or cocaine) or diagnosis of dependency, and no offer of appointment shall be made to such individual. Positive drug test results or refusal to consent to testing or evaluation may be treated as evidence of misconduct on the part of the NROTC member for purposes of recoupment or ordering to active duty in an enlisted status. Except during periods of conscription, only those cadets or midshipmen confirmed positive for THC alone and who receive a waiver from the Secretary of the Navy or his/her designee may be ordered to active duty.

(3) Officers who are tested after appointment and are found positive for illegal drugs or controlled substances (including THC or cocaine), or who refuse to consent to testing or evaluation, shall be given an uncharacterized discharge unless the separating authority determines, under Service regulation as authorized under DOD Policy Memorandum of 9 May 1989, that a characterized discharge is more appropriate based upon other misconduct.

(4) All applicants for appointment as cadets or midshipmen at the Naval Academy or NROTC and all Regular and Reserve officers appointed from civilian life, as well as others to whom a commission may be offered following completion of a Navy commissioning program (e.g., advanced training under the NROTC program), who are confirmed positive at a 0.05 percent blood alcohol level and who are not alcohol dependent shall be denied

appointment or discharge, as appropriate, unless the Secretary of the Navy or his/her designee grants a waiver following an individual assessment of the particular case.

c. Notification of Discharge. Members separated as a result of the new entrant drug/alcohol testing policy must be properly identified during screening of applicants by the Military Entrance Processing Station (MEPS) and recruitment centers in the event they apply for reentry (or entry to another Service or component). Therefore, the individual's name, social security number (SSN), reenlistment/reentry code and other appropriate data shall be furnished to the Defense Manpower Data Center (DMDC) by the separation authority within two duty days following separation.

R) 3. Other Disposition

a. A second drug-related incident involving any drug by a new accession or student in training is cause for mandatory separation processing. The type of separation and characterization are dependent upon member's time in service and, if identified through urinalysis, the testing premise. Entry Level Separation (discharge not characterized) is appropriate when the member is within 180 days of initial entry on active duty and the second positive urinalysis emanates from a fitness for duty test. Surveillance urinalysis is considered fitness for duty testing. If the second positive urinalysis emanates from any other test premise which may be used for discharge characterization (e.g., random sample, unit sweep, etc...), process the member for misconduct due to drug abuse using standard administrative board procedures under MILPERSMAN 3630620 regardless of member's time on active duty. Under these circumstances, disciplinary action is authorized and the member may receive a discharge characterized as other than honorable.

R) b. NAVETS/OSVETS. Process for separation NAVETS/OSVETS who commit a confirmed drug-related incident involving any drug, while in any phase of pre-fleet assignment training.

R) c. Enlisted Student Personnel attending "A" School, Apprentice Training school and other entry level rate-training schools are normally tested within two weeks after reporting. Disenroll personnel with confirmed positive urinalysis tests for any drug.

(1) For students with prior service (excluding NAVETS/ OSVETS) follow the general decision-making guidelines and procedures in appendix A. If the member is retained, request Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) to reassign the member to a new duty station. (R)

(2) For students reporting directly from recruit-training who are positive for any drug follow the general decision-making guidelines and procedures in appendix A. If the member is retained, request COMNAVMILPERSCOM to reassign the member to a new duty station. (R)

d. Alcohol Abuse/Alcoholism

(1) Officer Students and Officer Candidates Without Enlisted Status/Obligation. For a first incident follow Evaluation and Decision steps in appendix A to determine level of rehabilitation needed. Assign to a Level I or II program as appropriate. If medically determined to be dependent, the appointment shall be voided. If dependency results thereafter, process for separation via VA treatment facilities. For a second incident, disenroll from the training program, and reevaluate as for a first incident.

(2) Enlisted Students and Officer Candidates With Enlisted Status Obligation. For first incident follow the guidance in appendix A and process those who have no potential for further service as directed in paragraph 1d above. For a second incident repeat the procedure for first incident above, but process as Entry Level Separations all alcohol abusers whose second incident occurs within 180 days of entry on active duty. Disenroll from the training program and process for separation any member who has a third incident.

Disposition of Naval Reservists

1. General Policy Guidelines

a. Reservists on Extended Active Duty. Reservists who are serving on orders to 30 or more days of active duty (including Active Duty Special Work (ADSW), Temporary Active Duty (TEMAC), Annual Training Duty (AT) (including involuntary AT), Active Duty Training (ADT), and voluntary or involuntary recall to active duty) are subject to the same policies and procedures prescribed for regular Navy active duty members.

b. Reservists Not on Extended Active Duty. Disposition of cases of drug and alcohol abuse involving reservists in an inactive duty status or on active duty orders (TEMAC, AT, or ADT) of less than 30 days shall be evaluated using the procedural steps contained in appendices A, B, and D to this enclosure to the maximum extent feasible. Eligibility for retention is essentially the same as for regular Navy personnel; for Level III residential rehabilitation considerations see paragraph 3b.

2. Special Guidelines for Disciplinary/Administrative Action (Reservists Not on Extended Active Duty).

a. The Manual of the Judge Advocate General (JAGMAN) and MILPERSMAN 3420320 should be consulted for the procedures regarding the exercise of nonjudicial punishment (NJP) authority and courts-martial jurisdiction over Naval Reserve personnel not on extended active duty.

b. A reservist who is currently a member of any reserve component and who is alleged to have committed a drug offense while on active duty or inactive duty training is subject to NJP and courts-martial jurisdiction without regard to any change in his/her reserve component status subsequent to commission of the offense. No disciplinary action may be taken, however, if the member's military status has been completely terminated before discovery of the alleged offense. See reference (j), part II, Rules for Courts-Martial (R.C.M.), Rule 204.

c. A reservist in an inactive duty status involved in a confirmed drug abuse incident, including conviction in civilian court, is subject to administrative action and/or processing for separation, as appropriate, even though disciplinary action may not be possible. Inactive-duty reservists, both officer and

enlisted, may be processed for Other Than Honorable (OTH) discharge for drug abuse established through urinalysis conducted on inactive-duty training.

d. A positive urinalysis test for marijuana during the first 29 days of a Naval Reserve member's continuous active duty may not, by itself, constitute evidence to support disciplinary action. In cases of extremely heavy abuse, the body can store the drug and it may be detected at levels above the Department of Defense (DOD) established cut-off for up to 30 days. Hence, the use of marijuana conceivably could have taken place prior to entry on active duty at a time when the member was not subject to the Uniform Code of Military Justice (UCMJ). Take action as appropriate under paragraph 2c when the use of drugs is confirmed but the member's status under the UCMJ is unclear. See paragraph 12h of enclosure (4) for additional guidance.

e. Refusal to participate in an ordered rehabilitation program constitutes grounds for separation processing.

f. Members of the Naval Reserve not on extended active duty have no specific right to VA treatment incident to processing for administrative discharge. A dependency determination (alcohol or drug) is therefore not specifically required as part of the administrative separation process; contact COMNAVMILPERSCOM (NMPC-82 or NMPC-83 as appropriate) for further guidance.

3. Rehabilitation

a. Level I and II programs are well suited to reservists not on extended active duty, particularly for those members who live near Navy Alcohol and Drug Abuse Program (NADAP) activities (CAACs, NADSAP offices, etc.).

(1) If a member is referred to a local NADSAP class as a part of a command Level I intervention, this participation should be on a non-pay, additional drills basis.

(2) If Level II rehabilitation is not available, the command shall maintain the member in an enhanced Level I program and recommend that the member seek Level II-type services from the civilian community.

(3) In every case, commands shall counsel the member to seek additional appropriate treatment through available civilian resources.

b. If a member is diagnosed as alcohol or drug dependent by a physician or clinical psychologist using DSM-III-R criteria, and possesses exceptional potential for continued useful service, the member shall be ordered to receive treatment appropriate to the dependency diagnosed. The member should be counseled to seek this treatment through accredited inpatient/outpatient chemical dependency treatment facilities otherwise available to the member from civilian sources or the Department of Veterans Affairs (DVA). Use of active duty Level III treatment facilities is authorized, however, and will be under individually prepared permissive letter type orders. The orders will clearly set forth the fact that pay, allowances and retirement points are not authorized. Government transportation, including use of the aeromedical evacuation system (where available) is authorized. If government transportation is not available, or the member desires to use other-than-government transportation, such transportation will be at the member's expense, not subject to reimbursement.

c. Failure to comply with an ordered rehabilitation plan, or rehabilitation failure, shall normally reflect negatively on the member's potential for continued useful service and may lead to processing for administrative separation.

d. If a level of treatment precludes satisfactory participation at the member's current training category level, the member should be transferred to an appropriate training category or Records Review Unit.

e. Reservists on extended active duty are treated the same as regular Navy members in that their scheduled date of release to inactive duty shall not preclude them from receiving the appropriate level of treatment while on active duty. The date of release to inactive duty may be extended to complete the appropriate level of treatment. The member's aftercare program could then be completed while in an inactive duty status and monitored by the command responsible for the member serving on inactive duty.

4. Special Assistance. For assistance in handling special cases contact Commander, Naval Reserve Force (Code 009), 4400 Dauphine Street, New Orleans, LA 70146-5000. Commercial (504) 948-5306; Autovon 363-5306. Other sources of information on reserve matters are MILPERSMAN 3420320 (Reservists Subject to the UCMJ), COMNAVRESFOR 5350 series instructions/notices and COMNAVMILPERSCOM (NMPC-63).

5. Reports. Always submit a Drug and Alcohol Abuse Report (DAAR) with an information copy to COMNAVRESFOR (Code 009) whether or not the member was subject to the UCMJ at the time of the confirmed incident. See enclosure (12) for DAAR preparation guidelines.

Disposition of Members in PRP, Submarine,
Nuclear Power, Air Traffic Control and Other Special Programs

1. Drug Abuse

a. Nuclear Power and Air Traffic Control Programs.

Permanently disqualify confirmed drug abusers. If eligible for retention (follow appendix A guidelines), the member may be returned to full duty and, where feasible, will remain assigned to their force/type or special program. Where such assignment is not feasible, they may be assigned elsewhere in the Navy including to duty in another special program if they otherwise meet the established criteria for that program or specialty.

b. Personnel Reliability Program (PRP), Submarine and Other Special Programs. Disqualify confirmed drug abusers from special programs. Disposition procedures are the same as for drug abusers in Nuclear Power and Air Traffic Control Programs except some members may be reinstated in their special program. Program Managers will provide criteria and procedures for the members to reenter their respective programs. (R)

(1) The member must have a recommendation from the commanding officer approving reinstatement based on satisfactory completion of treatment and formal aftercare, as required.

(2) Mandatory urinalysis testing, if directed by the Program Manager, may be a condition for reinstatement.

(3) Restore eligible members to special program billets as soon as possible concurrent with COMNAVMILPERSCOM assignment policy and the needs of the Navy. In the case of PRP, adhere to the provisions of OPNAVINST 5510.162.

c. Law Enforcement/Physical Security Personnel. Permanently remove personnel who are confirmed as drug abusers from such duties.

2. Alcohol Abuse. Personnel assigned to Nuclear Power, Air Traffic Control, PRP, Submarine and Other Special Programs are handled as follows:

a. Dependent: Suspend, decertify, disqualify, or remove member from all special programs, per Program Manager guidance, pending rehabilitation outcome. (R)

b. Not dependent: Follow appendix A procedures applicable to all Navy members not assigned in a special program (if no guidelines are specified by the appropriate OPNAV Program Manager).

Sample Page 13 Entry for Enlisted Service Record

NOTE:

1. Use the following format for enlisted members who are being retained and warned per the separation counseling requirements. Do not change this format.

2. **DO NOT** execute this page 13 warning for members being recommended for separation; doing so may require retaining the member until he or she commits a further violation. If the outcome of the administrative separation process is to retain the member, execute a page 13 warning at that time.

3. The member must sign and date the entry. Make a notation, signed and dated by an officer, if the member refuses to sign the entry.

4. Include a brief narrative of the drug or alcohol offense, describing time, place, drug abused, duty status, etc., in paragraph 1 of page 13 entry.

5. A copy of the page 13 entry is an enclosure to the letter of transmittal or included in the commanding officer's comments in a message submission in the event of eventual administrative separation proceedings.

1. You (are being) (may be) retained in the Naval Service. However, the following deficiencies in your performance and/or conduct are identified: (List specific deficiencies; "pattern of misconduct" is NOT specific enough)

2. You are required to take the following corrective action(s):

3. Assistance is available through _____.

4. You are advised that any further deficiencies in your performance and/or conduct may result in disciplinary action and/or in processing for separation. All deficiencies previously cited and/or misconduct during your current enlistment, both before and after the date of this action, will be considered. Subsequent violation(s) of the UCMJ

or conduct resulting in civilian conviction could result in an administrative separation under Other Than Honorable conditions.

5. This counseling/warning entry is made to afford you an opportunity to undertake the required corrective action(s). Any failure to adhere to the guidelines cited above, which will be reflected in your future performance and/or conduct, will make you eligible for administrative separation action.

(signed)

(dated)

Witnessed:

Sample Page 13 Entry for Accession Level Urinalysis Positive

_____(DATE)_____: I am advised that I have been identified, through urinalysis testing, to be a drug abuser. I understand, effective this date, that I will be placed on a drug urinalysis surveillance program and tested on a regular basis during the remainder of my assignment(s) in the accession training pipeline not to exceed 180 days from my entry on active duty. I further understand that a second drug abuse incident will normally result (R in immediate processing for separation from the naval service.

Member's Signature

Witnessed: _____

Sample Letter
Alcohol and Drug Abuse Program Entry Statement
For Levels I, II, and III

5350
Ser
Date

From: Commanding Officer, _____
To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: ALCOHOL AND OTHER DRUG ABUSE PROGRAM ENTRY STATEMENT

Encl: (1) Alcohol and Other Drug Abuse Program Regimen

1. This letter certifies that you have been formally evaluated as a drug or alcohol abuser. I believe, however, that you possess exceptional potential for further useful service. To remain eligible for continued service you must participate in the _____ (Level I, II, or III) program regimen specified in enclosure (1). Failure to cooperate in and complete this regimen will constitute grounds for separation processing.

2. You are disqualified from the _____ program. In addition, the following restrictions apply during the period of your disqualification:

3. Permanent disqualification from Nuclear Power programs and Air Traffic Controller assignment is mandatory after a drug abuse incident. You may request lifting of non-permanent restrictions or disqualifications upon completion of your Drug and Alcohol Abuse Program Regimen and meeting the criteria as established by that program's Program Manager.

(Commanding Officer)

Copy to:
Field Service Record (w/o encl)

Appendix E to
Enclosure (7)

E-4

Sample
Alcohol and Drug Abuse Program Regimen

(NOTE: Commanding officer check and complete the applicable items.)

 (Rank/Rate, First MI Last Name, USN/USNR, SSN) (Date)

1. This _____ (Level I, II, or III) Regimen is in effect for the period _____ to _____.

- a. ___ Command counseling sessions per week for ___ week(s)
- b. ___ Motivational education sessions per week for ___ week(s)
- c. NADSAP (36-hour course)
- d. Disulfiram (Antabuse) therapy (prescription drug for alcohol cases; requires screening by medical officer)
- e. Participate in a 12-step program meeting _____ times per week for _____ weeks.
- f. Surveillance urinalysis _____ times per week for _____ weeks
- g. Other (specify) _____
- h. Non-residential counseling at _____ (facility)
 commencing _____ until completion
- i. Residential counseling at _____
 commencing _____ until completion

2. For members completing a Level II or III program a follow-on Aftercare Treatment Plan will be specified in an enclosure to the Drug and Alcohol Program Exit Statement.

Sample Letter
Alcohol and Drug Abuse Program Completion Statement

(NOTE: A Program Completion Statement is not required for members who complete a Level I intervention program.)

5350

Ser

Date

From: Commanding Officer, _____

To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: ALCOHOL AND DRUG ABUSE PROGRAM COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. Congratulations. You have completed the formal treatment phase of your rehabilitation program and are directed to participate for one year from the date of this letter in the aftercare program provided at enclosure (1).

2. Your commitment to this program will help assure good performance, conduct and physical well being. These very important factors will enhance your advancement in the Navy. Good luck!

(Commanding Officer)

Copy to:
Field Service Record (w/o encl)

Threat Assessment and Program Evaluation and Analysis

1. Threat Assessment. The Navy Drug and Alcohol Advisory Council (NDAAC) determines the scope of the drug and alcohol abuse problem among Navy members on a local/regional/area basis. They assess existing and potential threats resulting from abuse and drug trafficking and recommend necessary corrective action.

a. Surveys. To assist in threat assessment, the Department of Defense conducts DOD-wide surveys to determine the nature and extent of drug and alcohol abuse among active duty military personnel. Commands as well as individuals who participate are selected randomly to provide a representative sample of the Navy and are asked to cooperate fully in this important endeavor. Periodically, the Navy will also conduct special studies and surveys to identify problem areas, determine trends, and evaluate drug and alcohol abuse programs.

b. Data Collection and Reports

(1) The Alcohol and Drug Management Information Tracking System (ADMITS) is designed to perform overall threat assessment by trend projection and the tracking of individuals identified as drug or alcohol abusers. In addition, ADMITS produces management reports to evaluate the performance of the various drug and alcohol abuse and prevention field activities.

(2) Data inputs to ADMITS include, but are not limited to, rehabilitation statistics; urinalysis, and other identification statistics; and education and training data. The report formats in enclosure (12) constitute a major input to ADMITS.

(D)

2. Program Evaluation. Measuring the effectiveness of policies and countermeasures under consideration or newly instituted is essential to program management.

a. Program Standardization and Quality Assurance Team. COMNAVMILPERSCOM, as the overall NADAP sponsor, shall establish and maintain the inspection standard to ensure total program standardization and quality assurance. The second echelon designated Program Standardization and Quality Assurance Team conducts on-site field assessments to evaluate program effectiveness, policy compliance, workload factors, resource adequacy, and progress in conducting preventive education and rehabilitation programs. COMNAVMILPERSCOM provides a member to

Enclosure (8)

the second echelon Program Standardization and Quality Assurance Team as required.

b. Management Information. Data collection and analysis systems are used to identify statistical trends to support policy and procedural changes, assist in evaluating the effect of policies and programs on drug and alcohol abuse levels, and track individuals identified as drug or alcohol abusers. Additionally, the information is provided semiannually to the Office of the Secretary of Defense and the Assistant Secretary of the Navy (M&RA), and periodically to Congressional oversight committees. Information to determine funding and manpower requirements and respond to public, news media, and other intra-Navy and DOD inquiries are included in ADMITS reports to the extent possible.

c. Effectiveness and Evaluation Studies. The Navy shall undertake effectiveness and evaluation studies to determine program applicability for the latest technologies, processes, and methods. Such studies shall have the following objectives:

(1) Clarify aspects of drug and alcohol abuse not fully determined by DOD surveys or other studies;

(2) Provide information for use in redesign, planning, and new program development;

(3) Pinpoint problems and identify areas of concern requiring study in greater depth; and

(4) Determine the comparative value or degree of success of ongoing drug and alcohol abuse programs and of new program elements.

3. Evaluation and Analysis. The ADMITS Branch (under the NADAP Director) is tasked with supervision of ADMITS and performance of the following functions:

a. Aids in setting priorities and overall program goals, including resource requirements and justification of budget requests;

b. Determines options available to managers to address specific problems, effect improvements, and compare the relative effectiveness of various approaches to prevention, detection, deterrence, education, training, discipline, separation, and rehabilitation, including measures applied to different target groups;

c. Responds to internal and external queries and requests for statistical and other information concerning assessment and evaluation;

d. Submits periodic reports required by the Office of the Secretary of the Navy, reference (a), DOD Directive 1010.3 of 23 September 1985 (NOTAL), and such other special reports and program analyses which may be called for from time to time;

e. Conducts regular evaluations to measure the extent to which education, counseling, rehabilitation, screening, and referral services meet organizational needs, program goals, and objectives;

f. Monitors developments in the field, conducts liaison with civilian and other armed forces agencies, and keeps Navy program managers informed of useful new advancements; and

g. Ensures qualified representation at other government and civilian agency meetings and conferences pertaining to drug and alcohol abuse research.

Preservice Use of Drugs and Alcohol

1. Policy. Drug and alcohol dependent personnel, current drug and alcohol abusers, and persons whose preservice drug and/or alcohol abuse indicates a tendency to continue abuse shall not enter the Navy. Recruiting procedures shall include positive measures to identify and screen out drug and/or alcohol abusers at the point of application for enlistment, appointment, or commission.

2. Guidelines for Acceptance. Despite preservice drug use or alcohol abuse, many individuals may possess potential for future productive service. Commander, Navy Recruiting Command (COMNAVCRUITCOM), shall establish procedures within the guidelines of reference (a) to grant enlistment eligibility waivers to applicants with a history of drug or alcohol abuse. The Controlled Substance Act shall determine the schedule used in classifying the drug (e.g., cocaine as a narcotic under Schedule II). Individuals convicted of an alcohol or drug-related offense are processed within the same guidelines developed by COMNAVCRUITCOM for processing applicants with other types of civil convictions. In that regard, however, persons with two or more convictions for Driving While Intoxicated (DWI) are not eligible for naval service. Persons with a single DWI/DUI or other alcohol-related civil conviction require a waiver, as determined by COMNAVCRUITCOM. (A) (R)

a. Program sponsors may establish special acceptance criteria for programs such as Submarine; Nuclear Power; Nuclear Weapon Personnel Reliability Program (PRP); Air Traffic Controller, etc., provided the special criteria does not violate the general acceptance policy established in reference (a). (A)

b. Admission of preservice drug use does not constitute a drug-related incident (see enclosure (2)). An enlistment eligibility waiver cannot be used to characterize a discharge nor be counted as the first of two drug incidents for mandatory separation. COMNAVCRUITCOM will not put personnel in "A" school who require security clearances to commence training unless they have been marijuana/cannabis free for six months or free of hard drug use (including cocaine) for two years. (A)

3. Statement of Understanding. Prior to induction every officer and enlisted accession shall be briefed on, and then sign, the Drug and Alcohol Abuse Statement of Understanding (see appendix A). This statement describes the Navy's zero tolerance of drug and alcohol abuse, urinalysis procedures for detecting drug abuse, and the consequences to an individual if drug abuse is detected after

entry. COMNAVCRUITCOM, Chief of Naval Education and Training (CNET), and the Superintendent, U. S. Naval Academy shall establish administrative procedures for executing the Statement of Understanding. CNET shall ensure Statements are obtained for individuals reporting to Naval Training Centers who have not previously executed one. Signed Statements of Understanding are filed in the member's service record. Failure to file the Statement does not preclude enforcing the Navy's drug and alcohol policy. In addition, all enlisted Nuclear Power Program candidates must sign a Nuclear Field Statement of Understanding per NAVMILPERSCOMINST 1306.1A prior to enlistment in the Nuclear Power Program. The Statement of Understanding specifically states that continuation in the Nuclear Power Program is denied to any individual identified as a drug abuser, whether the abuse occurred before or after entry into active service. Applications for the Nuclear Power Program by officers, officer candidates, and midshipmen who disclose casual preservice marijuana use are reviewed per OPNAVINST 5355.3A.

4. Post-Enlistment Disclosure of Drug or Alcohol Abuse. Commands will, on a case-by-case basis, evaluate personnel who admit to preservice drug or alcohol abuse after denying such abuse at the time of entry. Commanding officers may discipline those members, if appropriate, and/or separate for fraudulent enlistment. Personnel who would have met acceptance criteria at induction may be retained with the approval of the appropriate second echelon commander or designated representative. In such cases, forward copies of correspondence to COMNAVMILPERSCOM (NMPC-832).

DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING

Privacy Act Statement

The Navy is responsible for preventing drug and alcohol abuse by its members and for disciplining those who promote or engage in drug and alcohol abuse. Navy personnel are subject to drug and alcohol testing methods, including urinalysis, to enforce this policy. Authority to obtain your social security number, which will be used for identification and filing, is provided by 5 U.S.C. 301 and Executive Order No. 9397 (NOTAL). Disclosure of your social security number is voluntary. Failure to disclose this information, however, will result in denial of your application.

I, _____ understand that: <div style="text-align: center;"><i>(Full name - first, middle, last)</i></div>	INITIALS
1. Service in the United States Navy or Naval Reserve places me in a position of special trust and responsibility.	
2. Drug abuse by members of the United States Navy is against the law; and drug and alcohol abuse, in general, violates Navy standards of behavior and duty performance and will not be tolerated.	
3. The illegal or improper use of alcohol, marijuana and other controlled substances endangers my health and the safety of other Navy men and women.	
4. If I illegally or improperly use or possess alcohol or drugs, including marijuana, appropriate disciplinary and/or administrative action may be taken against me. In the case of drugs, this action may include trial by court-martial or administrative separation from the Navy. Administrative separation for drug abuse or separation in lieu of trial by court-martial could result in an Other Than Honorable discharge. Conviction by a court-martial of drug related offense may lead to punitive separation. This can result in a denial of education benefits, home loan assistance, and other benefits administered by the Department of Veteran of Affairs (DoVA). Additionally, a person receiving such a separation or discharge can expect to encounter substantial prejudice in civilian life in situations where the character of separation or discharge received from the Armed Forces may have a bearing.	
5. a. (Officers, Pre-Commissioning Programs) I understand the U.S. Navy's "Zero Tolerance" policy toward drug and alcohol abuse and that I will be screened by urinalysis testing for the presence of marijuana or other illegal drugs within 30 days of reporting for training. I further understand that a single detection of drug abuse after entry will result in disenrollment from an officer program and processing for separation from the Navy.	
b. (Enlisted) I understand the U.S. Navy's "Zero Tolerance" policy toward drug or alcohol abuse by its members and that the Navy will take disciplinary action against those who promote or engage in drug abuse. Pertaining to my enlistment into the Navy, I further understand that:	
-- The Navy drug urinalysis test can detect the use of illegal drugs,	
-- The Navy drug urinalysis test is given to all personnel within 72 hours of arrival at the Recruit Training Command and at other follow-on times necessary.	

**DRUG AND ALCOHOL ABUSE
STATEMENT OF UNDERSTANDING**

b. (Enlisted (cont'd))

-- I also understand that:

(a) If I am a NAVET/OSVET and am found to have a positive test indications of marijuana or other illegal drug use, I shall be normally processed for separation from the Navy.

(b) An entrance urinalysis test showing positive indication of any illegal drug use, including marijuana, shall normally be cause for my being processed for separation from the Navy.

-- Detection of drug abuse may disqualify me from certain occupations or programs for which I enlisted and I may either be reassigned to another program or processed for separation from the Navy at the option of the Navy.

-- My recruiter has advised me that if I am found to have positive test indications of marijuana or other illegal drug use, I shall normally be processed for separation per enclosure (7) to OPNAVINST 5350.4 (series).

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first, middle)

Grade/Rank (If applicable)

SSN

Signature

Date

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature

Date

Typed/Printed Name and Title of Witness

Signature

Date

Remarks:

Confidentiality

1. General. For the purposes of this instruction, confidentiality refers to restricting access to information of a personal or sensitive nature. Federal law requires that records which contain information on the identity, diagnosis, prognosis or treatment of individuals in a substance abuse program are confidential and are authorized to be disclosed under limited circumstances only. The prohibitions of the laws, however, do not apply to any interchange of records within or between the armed forces, or within those components of the Department of Veterans Affairs furnishing health care to veterans. See 42 USC 290ee-3. The commanding officer of a member involved in a Navy or DOD alcohol or other drug abuse program has access to all confidential information disclosed by that member. The commanding officer's access, however, should be predicated on specific command-related issues involving a specific individual. The access right cannot be delegated below the level of executive officer and is subject to the limitations on disciplinary and administrative action contained in this enclosure. Other DOD personnel, such as authorized drug and alcohol screening, counseling, treatment, or other medical personnel who have a "need to know," are authorized access to confidential information. All DAPAs and NADSAP personnel, including contractor facilitators and site coordinators, are included in that category. The development of trust and confidence is an integral part of any screening and treatment process. Members must feel confident that the information they disclose regarding their alcohol and other drug involvement will be used to help resolve their particular situation. Drug and alcohol abuse personnel likewise must feel confident that the alcohol and drug information they receive and document, which they may be called upon to reveal to others, will be used to make sound decisions regarding the abusing member's future relationship to the Navy. A member also has a privilege to refuse to disclose and to prevent another from disclosing a communication by that member to a chaplain or to a chaplain's assistant, if such communication is made either as a formal act of religion or as a matter of conscience; or if made to an attorney or his or her representative, for the purpose of obtaining legal service. See Military Rules of Evidence 502 and 503. (R)

2. Confidential Disclosures. Information disclosed in the following circumstances is considered confidential. Confidential disclosures relating to the disclosing member and any evidence derived therefrom either directly or indirectly, may not be used against the disclosing member in any disciplinary action under

the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by the member in response to inquiries from authorized screening personnel or for the express purpose of seeking or obtaining counseling, treatment, or

- A) rehabilitation. Except as provided below, this information may be used to process the disclosing member for "misconduct due to drug abuse" in accordance with the Navy Military Personnel Manual (MILPERSMAN) and suspension of access to classified information when the individual is entered into an alcohol/drug rehabilitation program, but may not be used to characterize the type of discharge. If the information was not disclosed in order to seek rehabilitation, or it relates to other misconduct, it is not confidential and MAY be used to characterize the discharge or in disciplinary proceedings if otherwise admissible. Typical confidential disclosures include:

a. Disclosures made by a member to authorized alcohol or drug abuse screening, counseling, treatment, or rehabilitation

- A) personnel, including DAPAs and NADSAP personnel (both government employees and contractor personnel), relating to the member's past or present drug or alcohol abuse, or drug possession incident to that use.

b. Disclosures made at Alcoholics Anonymous or Narcotics

- A) Anonymous meetings or while attending NADSAP classes. The need for anonymity as the foundation for all 12-step recovery programs is acknowledged, and all disclosures made at 12-step recovery meetings are to be treated as confidential and may not be used to process the member for "misconduct due to drug abuse" in accordance with the MILPERSMAN.

c. Communication among staff members within a program and communication between a program and a "qualified service organization" (a provider of a service to a program which has agreed in writing that it is bound by the Federal confidentiality regulations).

- A) d. Navy drug and alcohol program personnel must take every precaution to protect confidential information as described in paragraph 1 from unauthorized disclosure. Information pertinent to the following situations, however, must be reported via the chain of command to the member's commanding officer:

(1) Illegal drug usage, past or present, of which the command is not already aware;

(2) Alcohol abuse of which the command is not already aware, such as a DWI, which may warrant a higher

level intervention (Level II or III);

(3) Homosexual acts as defined by MILPERSMAN 3630400;

(4) Suicidal ideation when a psychiatric referral is made by a physician or clinical psychologist; and (R)

(5) Spouse abuse as defined in OPNAVINST 1752.2 (Family Advocacy Program). (A)

e. Confidentiality only applies to the disclosing member, not to others identified by the disclosures. (A)

3. Disclosures Not Confidential. Information disclosed in the following circumstances is not confidential, must be reported to the commanding officer, and may be used to process the disclosing member for an other-than-honorable (OTH) discharge for "misconduct due to drug abuse" or other appropriate reason cited in MILPERSMAN chapter 36 or to take appropriate disciplinary action. (R)

a. Information disclosed after official questioning pursuant to any investigation or any administrative or disciplinary proceeding.

b. Information which discloses a past crime, illegal act, or incident which places the command or any of its members in jeopardy. (R)

c. Information which discloses that any crime or illegal act is about to take place. Such information shall be immediately transmitted to the commanding officer (and potential victim, if any). (R)

d. If information which was disclosed to persons specified in paragraph 2 for purposes of seeking rehabilitation is later disclosed to others, it remains confidential. It may be used to process the member for an administrative discharge, but may not be used to characterize the discharge. (R)

e. State and federal laws, as well as Navy regulations, require the reporting of disclosure of child abuse. Suspected or known child abuse must be reported to the Family Advocacy Representative (FAR) and/or civilian Child Protective Service (CPS). (A)

4. Records of the identity, diagnosis, prognosis, or treatment of any member who has sought or received counseling, treatment, or rehabilitation in any Navy drug or alcohol abuse counseling, treatment, or rehabilitation program which are maintained in connection with such program ordinarily should not be introduced R) against the member in a court-martial unless relevant to the issue(s) being litigated, as determined by a military judge, or for rebuttal or impeachment purposes where evidence of drug or alcohol abuse (or lack thereof) has first been introduced by the member. For release of such information to agencies other than those within the Armed Forces or to those within the Department of Veterans Affairs (DoVA) furnishing health care, see 42 USC 290dd-3 and 42 USC 290ee-3.

5. Situations Not Considered Disclosure Of Confidential Information

a. In a bona fide medical emergency in which the member is incapacitated, information needed for diagnosis and emergency treatment may be released without consent.

b. Information which contains no patient-identifying data.

6. Use Of Confidential Information. Commanding officers who obtain alcohol or other drug abuse information from and on members in their command from authorized personnel (e.g., counselors, medical officers, etc.) may use such information only for administrative action, suspension of access to classified information, and for determining the member's potential for further useful service. Alcohol or drug involvement revealed in such disclosures shall not be considered additional incidents against the disclosing member as defined in enclosure (1). It does not preclude the use of disclosed information as evidence for impeachment or rebuttal purposes in any proceeding in which alcohol or drug abuse (or lack thereof) has first been introduced by the member. The use of information disclosed by a member to persons other than alcohol or other drug abuse program personnel is not limited under this paragraph. Similarly, use of information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding shall not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not limited under this paragraph.

Education and Training Policy and Requirements

1. General. All naval personnel will be educated about Navy alcohol and other drug abuse policies, programs and resources and measures to avoid or reduce problems associated with alcohol and other drug abuse. Education will be appropriate to the member's time in service and responsibilities. Training will be provided for military and civilian personnel filling positions in the Navy Alcohol and other Drug Abuse (NADAP) Program. Specific training is also required for Health Care Providers (HCPs) who diagnose and treat alcohol and other drug abuse. Also, education will be offered to Navy family members on a voluntary basis.

2. Responsibilities

a. Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) (NMPC-63) is the program manager and subject matter expert for all alcohol and other drug abuse education and training programs. NMPC-63 will establish the basic requirements and quality assurance standards for NADAP education and training.

b. Chief of Naval Education and Training (CNET) shall provide alcohol and other drug education for enlisted recruits, officer candidates (except U.S. Naval Academy (USNA) midshipmen) and officers in pre-fleet assignment or entry programs. Alcohol and drug information will also be provided in leadership courses and in the General Military Training (GMT) program. CNET will provide training for Drug and Alcohol Program Advisors (DAPAs).

c. Chief, Bureau of Medicine and Surgery (CHBUMED) shall provide drug and alcohol training of medical professionals. CHBUMED jointly administers the Alcoholism Orientation for Health Care Providers (HCP) course with COMNAVMILPERSCOM (NMPC-63).

d. The Superintendent, U.S. Naval Academy shall incorporate alcohol and other drug abuse education into their standard curriculum under the cognizance of the Chief of Naval Operations.

e. The Chief of Chaplains shall train members of the Chaplain Corps to enable them to identify alcohol and other drug abusers, and to counsel and refer Navy personnel and their family members with alcohol and other drug problems.

f. Navy supervisors (E-7 and above) are required to complete the Alcohol and Drug Abuse Manager/Supervisor (ADAMS-Supervisors Version) training once in their career.

g. Commanding Officers, Executive Officers, and Command Master Chief Petty Officers are required to complete ADAMS (Managers Version) once in their career.

h. Unit Commanders, Commanding Officers and Officers in Charge will ensure that personnel assigned to them receive the education and training required in this instruction.

3. Education Requirements

a. Initial Entry. All new Navy entrants will receive education on drug and alcohol abuse awareness and prevention, Navy policies and the disciplinary consequences of abuse. Navy recruit training will include a four-hour block focusing on awareness, prevention and consequences. Education for officer and warrant officer candidates will include similar prevention information plus the responsibilities of junior leaders in maintaining military discipline and enforcement of the law. Entry level education must be completed before commissioning or within 90 days after entry on active duty.

b. Command Indoctrination. Alcohol and other drug education should be part of each command's indoctrination of new personnel. It should be presented by the DAPA and should include a description of the command's alcohol and drug policies as well as programs and local resources (e.g., the Counseling and Assistance Center (CAAC)/Navy Alcohol and Drug Safety Action Program (NADSAP) office, Family Service Center, etc.).

c. Periodic Awareness Training Through General Military Training (GMT). Alcohol and other drug abuse awareness education is scheduled periodically through the CNET GMT program. To be effective, GMT should also be timely. Examples of effective programs include: programs about drinking and driving targeted just prior to liberty or long holidays; programs such as the "Trooper at Sea" in which State Troopers provide shipboard education prior to liberty; and programs providing alternatives prior to foreign port liberty. Also, there are many excellent alcohol and other drug films and video tapes, especially those about drinking and driving, that can trigger discussion and involvement. NMPC-63 can provide assistance in locating GMT lesson plans and audio-visual materials. A GMT video, "Zero Tolerance" (SAVPIN 803508DN) has been produced and distributed by CNET. In addition, the Training Departments at the four Naval

Alcohol Rehabilitation Centers (NAVALREHCENS) and some CAACs can provide resources, materials or actual presentations upon request.

d. Intervention and Prevention Education: Navy Alcohol and Drug Safety Action Program (NADSAP)

(1) NADSAP As A Level I Intervention Program. NADSAP provides intervention and prevention education (see enclosure (6)). NADSAP is required as a Level I intervention program for individuals who incur an alcohol or other drug incident but who are not diagnosed as dependent. The information and activities in NADSAP are designed to motivate the individual to reassess his or her lifestyle and commit to a positive, abuse-free lifestyle.

(2) NADSAP As A Prevention Program. NADSAP plays an important role as a prevention course. It is designed to promote health, fitness and well being of naval personnel to increase Navy operational readiness. In addition to drug and alcohol topics, NADSAP addresses values, health and physical fitness, and timely topics such as suicide prevention, smoking cessation and AIDS. NADSAP has shown significant success in reducing alcohol and other drug incidents and is especially effective with the junior enlisted population.

(3) NADSAP As A Part of An Overall Prevention Program. There is no magic to alcohol and other drug abuse prevention. It requires a strong policy, leadership, awareness and education. Leaders need to be role models in deglamorizing alcohol and providing education. Preventive education is the cumulative effect of all Navy alcohol and other drug courses. NADSAP is the cornerstone of this educational effort since it is directed at the individual, providing him or her the tools to resist alcohol and other drug abuse and to develop a positive lifestyle. Commands are strongly urged to invest in NADSAP as a prevention measure.

e. Leadership Education. Appropriate alcohol and drug topics should be integrated into all Navy officer and enlisted leadership training including Chief Petty Officer (CPO) and Petty Officer (PO) Indoctrination Courses; Leadership and Management Education and Training (LMET) courses/Navy Leader Development Program (NAVLEAD); the Senior Enlisted Academy (SEA); and Prospective Commanding Officer/Executive Officer (PCO/XO) courses. Education in those courses should be directly tied to the tasks of the students and should emphasize their responsibilities in establishing and implementing policy, command programs and in the day to day management and supervision of

junior personnel. Above all, the role of leaders in setting the example, influencing others and supporting the Navy's policy of "Zero Tolerance" needs to be emphasized.

f. Alcohol and Drug Abuse Managers and Supervisors (ADAMS)

(1) Program Description. ADAMS is a one-day course for Navy managers and supervisors. There are two versions of ADAMS. The Manager version is designed to provide unit commanders, commanding officers, officers in charge and command master chiefs the education required to develop and evaluate effective command programs. The Supervisor version is designed to provide Navy supervisors with the skills to observe and document problems which may be alcohol or drug related. It also provides training on counseling sailors and in dealing with aftercare in the work setting.

(2) Program Requirement (E-7 and Above). Navy supervisors are required to complete the ADAMS Supervisors Course once in their career. The Supervisory Course is intended for E-7s and above. E-6 personnel may attend on a space-available basis. Commanding officers, executive officers, and command master chiefs and others in a management position shall take the ADAMS Managers Course once in their career, normally as a part of en route training in conjunction with the SEA, PCO, and PXO courses. The ADAMS requirement should be met as soon as possible en route to or upon assumption of supervisory or management roles.

(3) Program Availability. ADAMS is available at the four NAVALREHCENS (San Diego, Pearl Harbor, Norfolk and Jacksonville). Further, commands can request on-site training provided by the NAVALREHCENS. Commands can also have their own ADAMS Facilitators trained and certified by the NAVALREHCENS. ADAMS Facilitators need to be E-7 and above, knowledgeable or experienced in the Navy Alcohol and other Drug Abuse Program (NADAP). Detailed Facilitator eligibility requirements and course schedules are published annually in NAVMILPERSCOMNOTE 5355 (Scheduling of Alcohol and Drug Abuse Training Courses) or can be obtained from NMPC-63 or from one of the NAVALREHCEN Training Departments.

(4) Supervisors and Managers Education Other Than ADAMS. The alcohol and drug education which is part of leadership courses cannot substitute for ADAMS. Also, NADSAP cannot substitute for ADAMS. NADSAP has an entirely different purpose and focus. Some commands have developed supervisory courses similar to ADAMS. Those courses' curricula shall be submitted to

NMPC-63 for evaluation. Generally speaking, the ADAMS requirement can only be met by attendance at the NMPC-developed ADAMS curriculum as delivered by certified ADAMS Facilitators.

4. Training Requirements

a. Program Management Training. COMNAVMILPERSCOM (NMPC-63) will direct the training of alcohol and other drug program managers such as field activity managers, NAVALREHCENS staff or other program administrators. Training will be based on the needs of the individual and can be accomplished by briefings, directed readings and the participation in appropriate civilian or military courses. The two week Alcoholism Orientation for Health Care Providers (AOHCP) course is a recommended introduction to Navy alcohol and other drug treatment.

b. Alcohol and Drug Abuse Control Officers (ADCOS). The following is recommended as part of the training plan for ADCOS: completion of the Level I Program Management (LPM) course or the CNET Drug and Alcohol Program Advisor Course. These provide the ADCO's with a better understanding of the programs they will manage. In addition, attendance at ADAMS and NADSAP is strongly recommended since these are two major programs which the ADCO will oversee. Also, ADCOs are encouraged to attend AOHCP for a better understanding of the recognition and treatment of alcoholism.

c. Alcoholism Orientation for Health Care Providers (AOHCP). In the Navy alcohol and other drug abuse treatment system, only physicians and clinical psychologists are authorized to make a diagnosis of alcoholism. AOHCP is the required training course for all active duty physicians and clinical psychologists for instruction on diagnosis and intervention as well as introduction to the Navy alcohol and other drug abuse treatment system. The Chief, Bureau of Medicine and Surgery, mandates that physicians and clinical psychologists attend AOHCP (see MEDCOMNOTE 5353 of 5 January 1989). AOHCP is also strongly recommended for other medical professionals to assist them in early recognition and intervention. Many alcoholics pass through the revolving door of repeated emergency room treatments, detoxification and medical or psychiatric consultations and are not recognized as alcoholics. Many Medical Department personnel have been trained only to recognize the end-stage alcoholic. Early recognition and intervention will be enhanced by the skills and knowledge learned in AOHCP. It is also an appropriate course for other professionals in a position to intervene early and for program managers requiring an introduction to the Navy's treatment system. Physicians and clinical psychologists will be given

first priority for AOHCP; other medical personnel will be given second priority; all other personnel will be allotted quotas after medical personnel are accommodated.

d. Navy Drug and Alcohol Counselor Training. Initial training for Navy Drug and Alcohol Counselors will be conducted in the 10-week course conducted at NAVALREHCEN Miramar, San Diego, California. Basic curriculum requirements are included in NAVMILPERSCOMINST 5350.1 Navy Drug and Alcohol Counselor Program. The curriculum focuses on core drug and alcohol counselor tasks. In addition, all drug and alcohol counselors are trained concerning the identification and reporting for child/spouse maltreatment, as well as information concerning identification, treatment and referral of adults molested in their childhood. Upon successful completion of training, Navy enlisted graduates are awarded NEC 9522 Navy Drug and Alcohol Counselor Intern. Interns are assigned to a Level II or Level III facility for a structured one year internship. After completion of the internship and successful completion of an exam, interns are awarded NEC 9519 Navy Drug and Alcohol Counselor. The Navy offers Advanced Counselor Training at NAVALREHCEN Miramar for selected counselors holding NEC 9519. Advanced training and professional development can also be obtained through many civilian sources. Full details about the entire counselor training program are included in NAVMILPERSCOMINST 5350.1.

e. Drug and Alcohol Program Advisor (DAPA). Individuals who serve as DAPA's (see enclosure (2)) must complete an authorized DAPA course within 90 days of appointment. CNET provides a one week DAPA course (A-501-0060) which is offered at various sites throughout the Navy. Refer to the Catalog of Navy Training (CANTRAC) (NAVEDTRA 10500) for course details. DAPA training can also be obtained through the Level I Program Management (LPM) Course.

f. Level I Program Management (LPM) Course. LPM is an NMPC-sponsored course which is offered by the training departments of selected NAVALREHCENS. It is designed for DAPAs and other command personnel who administer the Level I alcohol and drug program. It focuses on all aspects of the Level I program with a particular emphasis on aftercare. LPM meets the requirement for DAPA training. First priority for LPM will be given to DAPA-selectees in remote areas or shipboard DAPA-selectees who do not have extensive CAAC support and who require in-depth training. Second priority will be given to DAPA selectees who have large aftercare workloads. Third priority will be given to other command-level personnel who are involved in command-sponsored programs and want to learn more about aftercare. LPM is also

suitable training for newly appointed ADCOs and will provide basic subject matter training for potential ADAMS Facilitators. LPM will also be offered via training teams from selected NAVALREHCENS to overseas commands and other commands that lack adequate DAPA or CAAC support for aftercare.

g. Continuing Education for Individuals in the Alcohol and Other Drug Prevention and Treatment Field. The alcohol and other drug treatment field is dynamic. Research findings and new prevention and treatment methods constantly drive the need for education and training. To keep up with developments, individuals who work in the field are encouraged to attend short courses, seminars, summer schools and professional conferences about alcohol and other drug problems. NMPC-63 will maintain information on available civilian and military courses.

5. Curriculum Development and Management

a. Curriculum Development. COMNAVMILPERSCOM (NMPC-63) has the primary responsibility for developing training courses for the NADAP. Courses will be established when there is an identified need. For example, COMNAVMILPERSCOM (NMPC-63) may develop courses for ADCOs, Program Managers or Urinalysis Coordinators and establish requirements for those courses.

b. Advertisement and Availability. NMPC-63 will advertise the availability of basic alcohol and other drug training through the annual publication of NAVMILPERSCOMNOTE 5355 (Scheduling of Alcohol and Drug Abuse Training Courses). Course development and changes in training or education requirements will also be announced through the annual notice and through periodic NMPC-63 Drug Abuse Program Advisory messages.

c. Quality Assurance

(1) Basic Requirements. NMPC-63 will establish a checklist as part of the NMPC Command Inspection Team to monitor how well the basic requirements of this enclosure are being met. NMPC-63 will also establish procedures and methods for collecting internal and external evaluation data to measure the efficiency and effectiveness of all drug and alcohol courses.

(2) Training Developed Outside COMNAVMILPERSCOM. Many Navy alcohol and other drug abuse courses are developed outside COMNAVMILPERSCOM to meet local and organizational needs. For example, Navy Recreational Services has developed a course for servers in Navy Clubs and Messes. The development of such courses to meet local or organizational needs is encouraged as

long as NMPC-63 retains its review function and acts as a "clearinghouse" for all alcohol and other drug education and training. That procedure can eliminate duplication of effort and assure that all training and education meets the policy requirements of this instruction. Outside activities must submit alcohol and other drug training material and courses to COMNAVMILPERSCOM (NMPC-63) for review and evaluation.

d. Technical Assistance. NMPC-63 can provide technical assistance in the design, development and delivery of Navy alcohol and other drug abuse training and education. NMPC-63 maintains state-of-the-art information about alcohol and other drug abuse and the disease of alcoholism and is also a resource for information concerning training material, courses, and audio-visual material.

e. Education for Special Groups. Education targeting special groups is an effective method for reducing alcohol and other drug problems. NMPC-63 will provide assistance to locate resources and/or design, develop and implement alcohol and other drug education programs for special populations.

Reports

This enclosure provides the format for the Navy-wide submission of reports required to manage the Navy Alcohol and Drug Abuse Program (NADAP):

1. The DRUG AND ALCOHOL ABUSE REPORT (DAAR) (appendix A to enclosure (12)) is submitted to document alcohol incidents and drug-related incidents as defined in enclosure (1). OPNAV Report Symbol 5350-2 applies. In addition to reporting the facts and disposition of a given case, the DAAR documents the commanding officer's intentions and recommendations. The commanding officer's determination of the member's potential for further useful service is critical to the incident's disposition and must be supportable. See instructions on how to fill out a DAAR at appendix A. Submit a DAAR after all evaluations are completed and command disciplinary action, if any, decided upon. The information provided by the DAAR is entered into the Navy's Alcohol and Drug Abuse Management Information Tracking System (ADMITS) computer database, a branch of COMNAVMILPERSCOM (NMPC-63), for use by the Program Manager to: (R)
 - a. Document incidents in a standard Navy-wide format.
 - b. Identify individual abusers.
 - c. Document abuse demographic data.
 - d. Document recommendations regarding: dependency; amenability to counseling, education and rehabilitation; disposition of offenders; PRP assignment; clearance eligibility; etc.
 - e. Track and identify repeat offenders.
 - f. Maintain a Navy-wide data base of abusers as they transfer from command to command during their career.
 - g. Provide statistical information to assess and report local, regional and Navy-wide prevalence of drug and alcohol abuse.
 - h. Provide statistical data to review and assess the success/cost effectiveness of program elements; e.g., prevention, rehabilitation, detection and deterrence, etc.
 - i. Reply to queries from Congress, Department of Defense, Secretary of the Navy, etc.

Enclosure (12)

2. The DRUG AND ALCOHOL ABUSE SEMIANNUAL REPORT (DAASAR)
- R) (appendix B to enclosure (12)) gathers data required by the Department of Defense (DOD) to assess the scope of the drug and alcohol abuse problem among the military services and program effectiveness. The Report of Urinalysis Testing required by DOD Directive 1010.3 of 23 September 1985 (NOTAL) is modified and
- R) incorporated into the DAASAR. The report includes portable urinalysis kit use and results as well as other pertinent data required by DOD. All units shall submit the original (action copy) DAASAR to their Immediate Superior in Command (ISIC). Do NOT send information copies to COMNAVMILPERSCOM (NMPC-63). Intermediate levels of command shall compile all inputs submitted by lower echelons adding their own data. Negative reports are required. Second echelon commanders will compile and submit DAASARs to COMNAVMILPERSCOM (NMPC-63) no later than 45 days after the end of the reporting period. Commands should submit information copies of their DAASAR to local Navy Drug and Alcohol Advisory Councils (NDAACs) for the quarterly NDAAC report.
- D)
3. The NAVY DRUG AND ALCOHOL ADVISORY COUNCIL (NDAAC) REPORT is designed to gather information concerning area/regional drug and alcohol abuse. The council chairperson will retain the drug/alcohol abuse threat assessment on file locally for review
- R) during Inspector General (IG) and Program Standardization and Quality Assurance inspections. The report includes:
- a. Narrative summary of council minutes.
 - b. Assessment of drug and alcohol abuse countermeasures including:
 - (1) Drug and alcohol abuse identification statistics
 - (2) Alcohol deglamorization
 - (3) DWI/DUI counteroffensive
 - (4) Alcohol and Other Drug education statistics
 - (5) Drug Detection Dog (DDD) use and finds
 - (6) Drug prevalency
 - (7) Urinalysis testing statistics/trends
 - (8) Legal statistics.

28 APR 1992

c. Overall threat assessment for area/region. A comparative analysis of threat assessment information is necessary to establish overall directions and should be included in this report. Any significant trends (e.g., increased use of methamphetamines as the drug of choice) should be noted.

4. The COUNSELING AND ASSISTANCE CENTER (CAAC) QUARTERLY OPERATIONS UPDATE (see NAVPERS 15514B) is provided quarterly to the respective TYCOM with copies to the appropriate FLTCINC; BUPERS Detachment, Drug and Alcohol Program Management Activity (DAPMA); and BUPERS (Pers-63) no later than 15 days past the end of the reporting quarter. Trained counselors (NEC 9519 or 9522) who conduct a screening/counseling program outside a designated CAAC are also required to submit a quarterly report through their chain of command. The CAAC report gathers information required by third and second echelon commanders to assess work loads, center efficiency, staffing requirements, and local area needs for CAAC/NADSAP services.

5. ANNUAL URINALYSIS FIELD TESTING OPERATION REPORT (AUFTOR), (A
OPNAV 5350-10, is to provide Chief of Naval Personnel with an annual accountability of the Navy field testing capability. The report applies to commands who are in possession of field testing urinalysis equipment and conducting urinalysis screenings. Report submission is required not later than 30 November for the last fiscal year. It may be sent either via naval message or letterhead to BUPERS WASHINGTON DC, Pers-63. The information will be used to monitor the Navy urinalysis field testing program and provide assistance in the quality assurance of field tested samples. Appendix C to enclosure (12) provides the report format.

Enclosure (12)

Drug and Alcohol Abuse Report (DAAR) OPNAV 5350-2

1. Background

a. The automated machine-readable DAAR was developed by COMNAVMILPERSCOM (NMPC-63) to replace previous message, letter and speedletter formats. Correspondence and telephone calls received from the field and the needs of the program manager necessitated a format that would:

(1) be easier to read and understand by those not familiar with the report;

(2) be easier to fill-out and lessen the chance of error by the command DAPA;

(3) reduce the number of manhours spent by COMNAVMILPERSCOM personnel to manually screen for incorrect or missing data elements;

(4) reduce the possibility of typographical errors by clerical personnel and key-punch operators.

b. Information on the front of the form is required by ADMITS and is machine readable. The reverse side of the form is non-machine readable and is designed to provide additional information useful to second and third echelon commanders.

c. Both alcohol and drug-related DAARs are maintained in ADMITS for tracking and statistical purposes. Alcohol incident DAARs are not filed in the permanent service record at COMNAVMILPERSCOM. A copy of drug related DAARs are filed in the member's permanent service record and may result in the Petty Officer Quality Review Board (NMPC-831) issuing a letter of substandard service for petty officers E5 and above. The DAPA retains command file of all DAARs.

2. General Requirements

a. The DAPA completes the DAAR for the commanding officer's signature.

b. Submit a report for all behavior defined as an "alcohol incident" or a "drug-related incident" in enclosure (1).

c. Report all unrelated incidents separately.

d. Identify the individual by rate at time of incident. If the individual was reduced in rate as a result of the incident, so state in the "comments section," block 32.

e. Avoid any comments in blocks 32 or 33 that would cause a DAAR to be classified (i.e., ship's movement, etc.).

f. The DAAR is not designed for requesting separation, change of rate, program disqualifications, waivers, etc. Request these actions by separate correspondence to the appropriate office within COMNAVMILPERSCOM.

g. Do not submit a DAAR when the individual was positive for medication prescribed by authorized medical personnel unless clear abuse is documentable.

h. Do not use the DAAR to report abuse that took place while under the Delayed Entry Program (DEP).

i. Do not submit a DAAR for surveillance test positives which do not indicate another incident (see enclosure (4)).

3. Submission Time Frames

a. Submit a DAAR after all evaluations are completed and command disciplinary actions, if any, decided upon. The following time frames apply:

(1) Within 30 days after receiving confirmed urinalysis test results.

(2) Within 30 days after civilian arrest or military apprehension for DUI/DWI unless appealed under the provisions of DOD Directive 1010.7 of 10 August 1983 (NOTAL).

(3) Within 30 days for all other drug-related or alcohol incidents.

b. Submit the DAAR within the designated time frame and indicate "unknown," "not determined," or "not available" where appropriate when command action is delayed or incomplete. Submit an amendment when the information becomes available.

4. Amendments

a. An amendment updates an initial DAAR, the initial DAAR is cancelled in the ADMITS database and replaced by the amended DAAR.

b. Amend blocks 2 through 28 by submitting a new DAAR filled out in its entirety with changes only to the following blocks:

- (1) Block 6 to indicate "amendment";
- (2) Block 8 to indicate current date;
- (3) Block(s) requiring update.

For example, a physician or clinical psychologist was not previously available to verify drug or alcohol dependency. The medical officer's evaluation section, blocks 19 through 22 were marked "not available," "unknown/not determined," "not determined," and "not determined" respectively on the initial report and the report submitted to meet the reporting time frame. Subsequently, a physician determines that the member is "dependent." A new DAAR form would be submitted changing only: block 6 (Type Action) to indicate amendment; block 8 (Date Submitted) to show current date; and blocks 19-22 (Medical Officer's Evaluation).

c. In those rare instances where an amendment to blocks 29 through 33 is necessary, the following guidelines apply:

(1) Submit amendments to blocks 29 through 33 for drug-related DAARs by letter or speedletter addressed to COMNAVMILPERSCOM (NMPC-6336) with copies to the chain of command as appropriate. Mail the original letter or speedletter to the ADMITS Processing Office. ADMITS will ensure that the amendment is placed in the member's permanent service record adjacent to the initial DAAR.

(2) Submit amendments to blocks 29 through 33 for alcohol-related DAARs via letter or speedletter to the chain of command as appropriate. Do not mail a copy of alcohol related DAARs to either COMNAVMILPERSCOM or the ADMITS Processing Office for the following reasons:

(a) Amendments to alcohol-related DAARs are not documented in the member's permanent service record at COMNAVMILPERSCOM, and;

(b) Blocks 29 through 35 are not machine readable by the ADMITS scanner.

5. Changes. Change to block 1, incorrect social security number, requires a cancellation DAAR as outlined in paragraph 6 below, and the resubmission of a new initial DAAR.

6. Cancellations

a. A cancellation DAAR is required to identify a drug-related DAAR for removal from the permanent microfiche service record, and ensure both drug and alcohol related DAARs are removed from the ADMITS database.

b. To cancel a DAAR, submit a new DAAR with blocks 1 through 28 identical in every aspect to the "initial" DAAR, except for block 6 indicating "cancellation" and block 8 which will indicate the "current date."

c. Complete only the following blocks on the reverse of the form:

(1) Block 29 - Complete mailing address;

(2) Block 32 - Comments: Provide brief justification for cancellation (e.g., incorrect SSN; member found not guilty by SPCM; determined abuse did not occur due to administrative error, etc.).

Note: Do not request DAAR cancellation as a reward for good behavior, promised good behavior, nor if DUI/DWI charges were reduced to a lesser charge when it is determined alcohol was a contributing factor.

(3) Block 35 - commanding officer's signature.

7. Review. Carefully review all DAARs prior to mailing to avoid amendments, cancellations and resubmissions.

8. General Instructions For Completing DAAR Form:

a. Use only a #2 or softer black lead pencil to fill in blocks 1 through 28.

b. Erase errors completely and cleanly on all copies.

c. Do not make any stray marks on the form.

d. Fill appropriate circles with heavy black marks. Mark should fill circle completely.

Acceptable Marks



Unacceptable Marks



e. The DAAR is a machine readable form. Do not fold, crease, staple or otherwise mutilate.

f. Do not submit additional pages.

g. Fill in all 28 blocks on the front of the form with only one (1) item per block, except:

(1) Block 7, "For Computer Use Only," leave blank.

(2) Block 9, "Nature of Incident," may have one to four items marked.

h. After completing items 1 through 28 on the front of the form with #2 pencil:

(1) Remove the original (first copy) and lay aside.

(2) Carefully remove carbon paper for reuse;

(3) Turn forms over;

(4) Reverse the first, second, and third carbon copies to ensure that the first carbon copy is now on top;

(5) Reinsert carbon paper;

(6) Type items 29 through 35;

(7) Remove carbon paper and discard.

(8) The commanding officer will sign the DAAR.

9. Distribution And Mailing Instructions. Separate and mail the DAAR as follows:

a. Mail the original (scannable) and first (most legible) carbon copy together in a large, flat envelope, with cardboard stiffener, to:

ADMITS Processing Office
Bldg. 160, Room 129
Washington Navy Yard
2nd & M. St., S.E.
Washington, DC 20374-0001

(1) Several DAAR forms may be mailed in the same envelope.

(2) Do not use letters of transmittal when submitting DAARs.

(3) Do not mail other correspondence destined for ADMITS or COMNAVMILPERSCOM in the same envelope with DAAR forms.

b. The command DAPA shall retain the second carbon copy.

c. Forward the third carbon copy to the second echelon commander as required.

d. Since only three carbon copies are provided in the form set, commands are required to provide photocopies for the Level III treatment facility and others within their chain of command as required.

10. Forms

a. Obtain DAAR Forms from the Navy Supply System per NAVSUP P2002. See basic instruction for additional information.

b. Order quantities of forms to meet local needs. Do not overstock.

A) c. Forms are packed in a package of 100. Order the number of packages that are needed. The stock number for a package of DAAR forms is 0107-LF-053-5565.

11. BLOCK BY BLOCK INSTRUCTIONS

MEMBER'S LAST NAME, FIRST NAME, MI, RATE/RANK

Print member's last name, first name, middle initial and rate/rank (at time of incident) legibly in the space provided.

NAME OF COMMAND

Print name of command submitting report legibly in the space provided. Authorized message address abbreviations may be used as listed in United States Navy Plain Language Address Directory. (Ships include hull number.)

BLOCK NUMBER

1. Social Security Number Of Member

Enter the member's nine-digit social security number in the blocks provided. Darken in the corresponding numbers.

2. Permanent Duty Station (UIC/RUIC/RUC)

Enter the five-digit USN Unit Identification Code (UIC) or Reserve Unit Identification Code (RUIC) or USMC Reporting Unit Code (RUC) of the member's permanent duty station in the blocks provided. Darken in the corresponding numbers.

3. Branch Of Service

Indicate the member's branch of service.

- USN/USNR (Active Duty)
- USNR-R (Inactive Duty/Drilling Reservist)
- USMC/USMCR (Active Duty)
- USMCR (Inactive Duty/Drilling Reservist)

4. Officer/Enlisted

Identify the member as officer or enlisted.

- Officer
- Enlisted

5. DUI/DWI Arrest (ALCOHOL ONLY!)

Is this DAAR a result of a DUI/DWI Arrest?

- Yes
- No

6. Type Of Report (Mark only one)

- Initial Report:

First DAAR submitted to report an incident.

- Amendment:

Submitted to update an initial DAAR. (See paragraph 4 above)

- Cancellation:

Submitted to cancel a previously submitted DAAR and ensure that all files in ADMITS and COMNAVMILPERSCOM are purged. (See paragraph 6 for instructions.)

- Error Correction:

The ADMITS Processing Office will return the original DAAR and copy with block 6 marked Error Correction and incorrect block(s) indicated. The command will resubmit the DAAR exactly as the original, with the required action taken. Mark block 6 as the same type report as the original DAAR.

7. For Computer Use Only (Leave Blank)

8. Date Of Report (Month/Day/Year)

- Enter month/day/year when DAAR is submitted in the appropriate blocks. Darken in the corresponding numbers.

INCIDENT INFORMATION

9. Nature Of Incident (Mark all that apply)

Indicate nature of incident as defined in enclosure (1).

- Abuse
- Possession
- Trafficking
- Manufacturing

10. Date of Incident (Month/Day/Year)

Indicate the date of the incident (e.g., date of arrest for DUI/DWI arrest, drinking on duty, date urinalysis sample taken, etc.) in the appropriate blocks. Darken in the corresponding numbers.

11. Primary Substance of Abuse Involved In This Incident
(Mark only one)

Primary substance of abuse, possession, trafficking or manufacturing involved in this incident. If more than one drug was abused, as noted on the Laboratory Confirmation Report, mark "polydrugs" and list all drugs in the comments section. If during a self-referral interview, member admits to polydrug abuse, indicate only the primary substance of abuse and indicate additional abuse in the comments section.

- Alcohol (ethyl alcohol, ethanol, beer, wine, whiskey, etc.)
- Marijuana (include all cannabis/hashish)
- Cocaine
- Amphetamines (includes methamphetamine)
- Other Stimulants (Bacarat, Didrex, Pre-Sate, Sanorex, Voranil)
- Barbiturates
- Heroin
- Other Opiates (Dilaudid, Morphine, Codeine, Demerol, Methadone and other opiate-like drugs + Designer Drugs)
- Other Depressants (Clonopin, Dalmane, Nolundar, etc.)
- LSD (Lysergic acid diethylamide)
- PCP (Phencyclidine, Other Hallucinogens)
- Methaqualone (Quaaludes)
- Tranquilizers/Benzodiazepine (Librium, Valium)
- Inhalants (gasoline, glue, etc.)
- Drug Paraphernalia
- Polydrugs - none primary

12. Current Frequency Of Abuse (Mark only one)

- Less than monthly
- 1-3 times per month
- 1-3 times per week
- 4-7 times per week
- Frequency not disclosed
- Abuse denied

13. Drugs/Alcohol Were Primarily Used (Mark only one)

Where were the drugs or alcohol primarily used?

- Ashore - On duty
- Ashore - Off duty
- Shipboard - Assigned to ship
- Unknown/other

14. Method Of Identification (Mark only one)

Method of identification for this incident.

- Self-referral/disclosure.

Urinalysis (See enclosure (4) for definitions of types of tests. If initial urinalysis is via PORTAKIT, do not submit DAAR until results from laboratory confirmation received. If member transferred, new command submit DAAR.)

- Random
- Unit sweep
- Consensual
- Probable cause (search and seizure)
- Service directed (accession, "A" school, etc.)
- Aftercare
- Surveillance
- Rehabilitation facility staff and rehabilitation testing
- Fitness for duty
- Medical examination

Law Enforcement

- Military police (includes Shore Patrol, Base MAA, NISCOM, drug detector dog sweeps, health and welfare inspections, gate/vehicle inspections, etc.)
- Civilian authorities

Command

- Command/supervisor (identification was made by an individual within the unit command structure.)
- Medical

RESULTS OF INITIAL SCREENING

15. Evaluation Made By (Mark only one)

- Independent Duty Corpsman
- Physician's Assistant
- DAPA
- CAAC
- NADSAP
- Other (including physician or clinical psychologist)
- Not determined

16. Evaluation Of Dependency

- Dependent
- Not dependent
- Unknown/not determined

17. Amenability To Counseling/Education/Rehabilitation
(Mark only one)

- Amenable and eligible
- Not amenable
- Not eligible
- Not determined

18. Recommended Disposition (Mark only one)

- Level I treatment
- Level II treatment
- Level III treatment
- Separate from service via VA Hospital
- Separate from service not via VA Hospital
- Not determined

MEDICAL OFFICER'S EVALUATION

19. Determination Made By (Mark only one)

- Physician (M.D.)
- Clinical Psychologist
- Not available

20. Confirmation Of Dependency (Mark only one)

- Dependent
- Not dependent
- Unknown/not determined

21. Amenability To Counseling/Education/Rehabilitation
(Mark only one)

- Amenable and eligible
- Not amenable
- Not eligible
- Not determined

22. Recommended Disposition (Mark only one)

- Level I treatment
- Level II treatment

- Level III treatment
- Separate from service via VA Hospital
- Separate from service not via VA Hospital
- Not determined

COMMANDING OFFICER'S ACTION

23. Retention (Mark only one)

- Process for separation
- Retain until EAOS (Not recommended for reenlistment)
- Retain

24. Rehabilitation Recommendation (Mark only one)

- Level I treatment not including NADSAP
- Level I treatment including NADSAP
- Level II treatment
- Level III treatment
- Separate from service via VA Hospital
- Separate from service not via VA Hospital

25. Disciplinary Action (Mark only the most severe disciplinary action taken)

- R)
- Verbal warning
 - Written warning (including Page 13 Administrative Remarks)
 - NJP (Non-judicial punishment)
 - SCM (Summary court-martial)
 - SPCM (Special court-martial)
 - GCM (General court-martial)
 - No action taken

26. PRP Assignment (List only one)

- Remove from PRP assignment
- Retain in PRP assignment
- Not applicable

R) 27. Access Suspended/Withdrawn (List only one)

NOTE: Clearance eligibility is no longer allowed at the command level; clearances are issued by the Department of the Navy (DON) Central Adjudication Facility (CAF).

- No
- Yes (Access shall be suspended when the individual is entered into a rehabilitation program and DON CAF shall

be notified of this action)

28. Program Statement Issued

Was a "Program Statement" letter issued?

- Yes
- No

If "Yes," enter the month/day/year in the appropriate blocks. Darken in the corresponding numbers. A copy of the letter is not required by COMNAVMILPERSCOM or ADMITS.

REVERSE SIDE (NON-SCANNABLE)

29. Complete Mailing Address and Telephone Number of Command Submitting this Report (include DAPA's name)

List the complete mailing address, autovon or commercial telephone number (including area code) as appropriate and point of contact for the command submitting the report.

30. Present Location Of Member

List present location of member; e.g., on board, hospital, brig, home of record, etc.

31. Previous Disciplinary History

List member's previous disciplinary history, if any, including military and civilian.

32. Comments

General comments on member's past and present work record, potential for future naval service and any other comments the command feels essential.

33. Comments As Required By Second/Third Echelon Commanders

Insert comments, demographics, etc., as required by second or third echelon commanders.

34. Distribution

- ADMITS (Original and first carbon copy)
- Command Files (Second carbon copy)
- Chain of Command (Third carbon copy and photocopies)
- A) Local CAAC/NADSAP office upon initial screening
(photocopy)

See paragraph 9 above for additional guidance.

35. Signature Of Commanding Officer

The commanding officer will sign the DAAR.

Drug and Alcohol Abuse Semi-Annual Report (DAASAR)
RCS OPNAV 5350-9
(formerly DD-HA(SA)1094(5350))

NOTE:

**Paragraph numbers in this section
are keyed to blocks on the form.**

1. Report Prepared By. Identify by Plain Language Address the command preparing the report.
2. Report Period. Reports cover fiscal year semi-annual periods ending 31 March and 30 September and are due from second echelon commanders 45 days after the end of the reporting period. See paragraph 2 of enclosure (12).
3. Testing Premise. See enclosure (4) for definitions.

RS: Random sample

US: Unit sweep (including subunits)

AT: Entrance testing

OS: Other service-directed testing

RF: Rehabilitation facility staff testing

CT: Consent testing

PC: Probable cause

CD: Command-directed

PD: Physician-directed

RA: Rehabilitation program/aftercare testing

SA: Official safety, mishap, accident testing

SU: Surveillance testing

ET: Evaluation testing

ME: Medical examination

OT: Other authorized testing

4. Number Of Samples and Individuals Tested And Drugs Identified.

NOTE: If the response is either "none" or "not applicable," leave the space(s) on the form blank.

a. Total Samples Collected. For each category listed under Testing Premise, enter the total number of urine samples collected during this reporting period.

b. Total Samples Tested by Portable Kit. For each category listed under Testing Premise, enter the total number of samples tested by portable urinalysis kits. Those samples submitted in one period and processed in another shall be reported in the later period. Note that samples, not individuals, are counted.

c. Portable Test Kit Samples Tested/Positives by Drug. For each category listed under Testing Premise and Drug of Abuse, enter the number of samples tested and the number of samples in which the portable kit tested positive for each drug; e.g. 5/1 means five samples were portable kit tested and one sample tested positive. The separate drugs are subcategories within this paragraph. In the subcategory marked "Other" indicate the drug identified if available.

EXAMPLE:

c. Portable Test Kit Samples Tested/Positives by drug	3. Testing Premise (see..)		
	RS	OS	AT
1. Amphetamines	5 1		
2. Barbiturates			

5. Number of DAARs Submitted. Enter the number of DAARs submitted during this reporting period as a result of positive urinalysis.

6. Total Number of DAPAs Onboard During the Reporting Period. Enter the total number of appointed DAPAs onboard, and indicate those who have received DAPA training.

7. Suspension or Revocation of Driving Privileges. Enter the total number of driving privilege suspensions or revocations on military installations as a result of alcohol or drug related offenses. The categories of active duty military personnel and federal civilian employees are self-explanatory. The category "Family Members" includes relatives of active duty and retired military personnel and of active duty federal civilian employees. "Other" includes retired military, foreign military, and civilians who are not federal civilian employees or family members.

8. Authentication Of Report. Include the name, rate/rank and telephone number of the individual preparing report and responsible for its accuracy. Also include the date it is forwarded.

DRUG AND ALCOHOL ABUSE SEMIANNUAL REPORT

1. Report Prepared by: (Short title)

2. Report Period: Fiscal Year

31 March

30 September

Portable Test Kit Results

3. Testing Premise (see OPNAVINST 5350.4B Encl (4) Appendix B)

4. Number of Samples Tested and Drug
Identified by Testing Premise:

RS US AT OS RF CT PC CD PD RA SA SU ET ME OT

a. Total Samples Collected Results

b. Total Samples Tested by Portable Kit

c. Portable Test Kit Samples

Tested /Positives by Drug (e.g., 5/1). See appendix B paragraph 4c for example.

1. Amphetamines

2. Barbiturates

3. Cocaine

4. Opiates

5. Marijuana (THC)

6. Phencyclidine (PCP)

7. Other

5. Number of Drug and Alcohol Reports (DAPs) Submitted

6. Total Number of DAPAs on board:

Number of DAPA/LPM School Graduates:

7. Suspension or Revocation of
Driving Privileges

Number of Identified Offenders

Active Duty Milpers
Milpers

Federal Civilian

Family Members

Other

8. Name, Rate/Rank of Individual Reporting:

Telephone

(A):

(C): ()

Date Submitted:

Table of Contents/List of Effective Pages/
Bibliography

1. Purpose. The purpose of this enclosure is to provide the user with a guide to this instruction and a selected recap of other directives used in the Navy Alcohol and Drug Abuse Program (NADAP).

2. Enclosure Overview. This enclosure includes the following appendices:

- a. Appendix A is a Table of Contents.
- b. Appendix B is a List of Effective Pages (LOEP).
- c. Appendix C is a Bibliography of references promulgated by first echelon commands and higher dealing with NADAP topics.

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Naval Inspector General (INSGEN)	-	-	4
Judge Advocate General of the Navy (JAG)	-	-	5
Commander, Naval Investigative Service Command (COMNISCOM)	-	-	5
Commander, Navy Recruiting Command (COMNAVCRUITCOM) and Commander, Naval Reserve Recruiting Command (COMNAVRESCRUITCOM)	-	-	5

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Definitions are arranged in alphabetical order in enclosure (1).
Definitions provided are for use only within the Navy Alcohol and
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Shore Activity CO's	2	-	1
CO's of ARC's	2	-	2
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